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ABSTRACT

The booklet, one of 16 designed for use in an Open University course on the education of handicapped students in the United Kingdom, focuses on special schooling and referral. Factors affecting service provision, such as geography and external and internal pressures, are considered. Elements of programing for maladjusted students are reviewed, its curriculum criticized as restricted, and the rationale for separate schooling questioned. Modifications in the curriculum, building design, and educational equipment used are among aspects considered in separate chapters on educational services for learning disabled and physically handicapped students. A sixth chapter compares the curriculum and organizations of two institutions for severely mentally handicapped children and summarizes views on four themes: differences between normal and special curricula, influences on the curriculum, responsibilities of special and regular education, and accountability. The final unit addresses questions of referral and comments upon distortions of educational criteria. (CL)

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E241 5/6

The Open University
Educational Studies: A Second Level Course
Special Needs in Education

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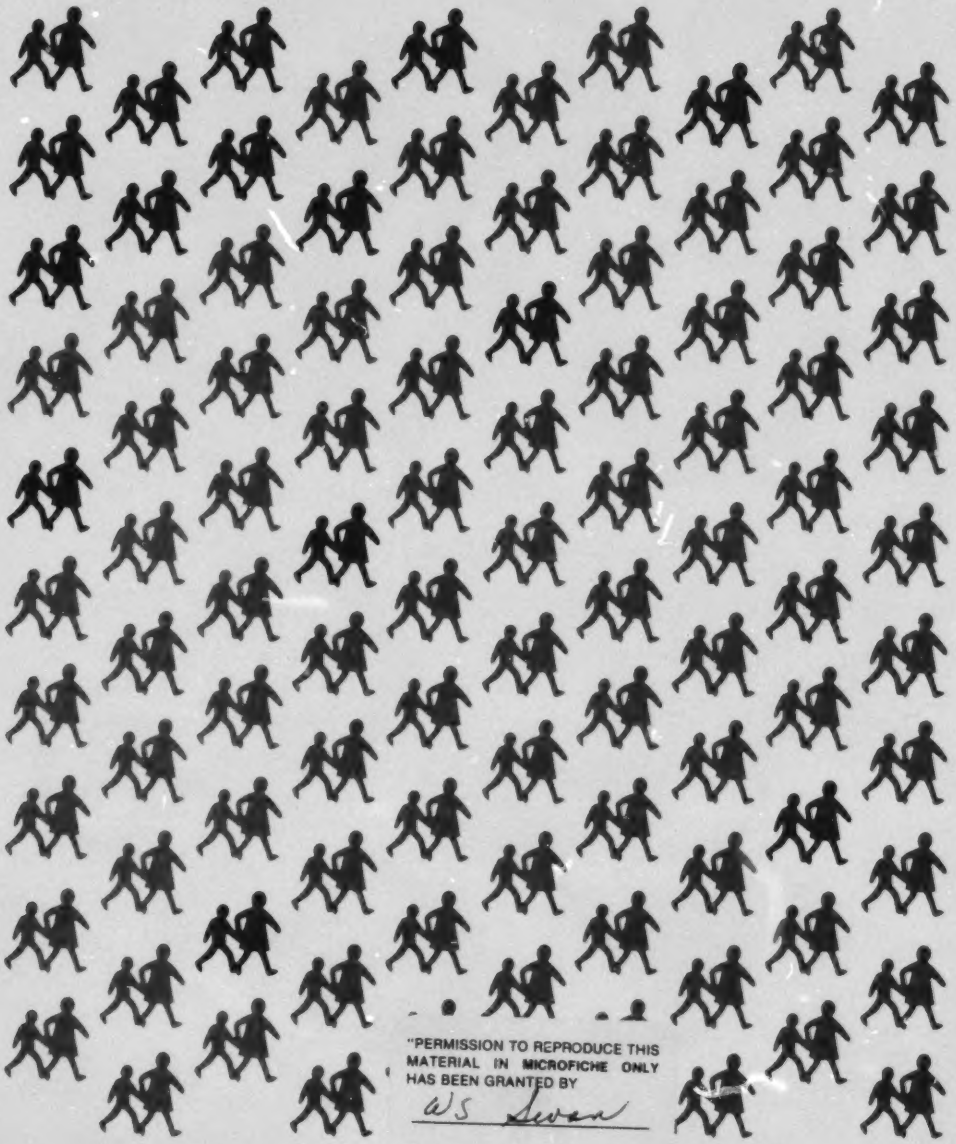
A SPECIAL CURRICULUM ?



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The Open University
Educational Studies: A Second Level Course
E241 Special Needs in Education

Unit 5/6
A special curriculum?

Prepared by Will Swann and Dennis Briggs for the Course Team

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Part 2 Referral page 63

The Open University Press

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Part 1 Special schooling

Prepared by Will Swann for the Course Team

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Note on reading

Set reading

The set readings for Part 1 of this unit are to be found in:

SWANN, W. (ed.) (1981) *The Practice of Special Education*, Oxford, Basil Blackwell/The Open University Press (the Reader). They are:

COPE, C. and ANDERSON, E. M. 'Special provision for PH pupils in secondary schools' (Reading 3.3).

GOLBY, M. and GULLIVER, J. R. 'Whose remedies, whose ills? A critical review of remedial education' (Reading 3.4).

POWER, D. J. 'Principles of curriculum and methods development in special education' (Reading 6.3).

The case studies for Part 1 of this unit are to be found in:
BOOTH, A. J. and STATHAM, J. (1982) *The Nature of Special Education*, London, Croom Helm/The Open University Press. They are:

'Steven: life in a residential school for maladjusted boys' (Case study 35).

'Some aspects of special education in Oxfordshire: innovation and change' (Case study 51).

'Towards a school policy on remedial provision' (Case study 42).

'Christopher: a physically handicapped child in an ordinary school' (Case study 4).

'Debbie: a curriculum for a partially sighted girl' (Case study 36).

'The curriculum at Coates School for ESN(s) children' (Case study 43).

'Crofton Infants School: a unit for ESN(s) children' (Case study 44).

Further reading

If you wish to read more in the area covered by Part 1 of this unit, I recommend the following:

ANDERSON, E. M. (1973) *The Disabled Schoolchild: a study of integration in primary schools*, London, Methuen.

COPE, C. and ANDERSON, E. M. (1977) *Special Units in Ordinary Schools*, London, University of London, Institute of Education.

DONALDSON, M. (1978) *Children's Minds*, London, Fontana/Collins.

GRUNSELL, R. (1980) *Absent from School*, London, Chameleon Books.

HEGARTY, S. and POCKLINGTON, K. (1981) *Educating Pupils with Special Needs in the Ordinary School*, Windsor, NFER Publishing Company.

JAMIESON, M., PARLETT, M. and POCKLINGTON, K. (1977) *Towards Integration: a study of blind and partially sighted children in ordinary schools*, Windsor, NFER/Nelson.

RAYBOULD, E. C., ROBERTS, B. and WEDELL, K. (1980) *Helping the Low Achiever in the Secondary School*, Birmingham, University of Birmingham (*Educational Review* occasional publication).

WEBER, K. (1978) *Yes, They Can*, Milton Keynes, Open University Educational Enterprises.

WHITE, R. (1980) *Absent With Cause: lessons of truancy*, London, Routledge and Kegan Paul.

Broadcasts

Television programme 3 is relevant to this part of Unit 5/6, and you can find further details in the *Broadcast Notes*.

1 *Introduction*

1.1 This unit is about the curriculum in special education. It is about what happens inside schools when people try to provide special treatment for some children and why this special treatment is provided. The special nature of this treatment can take many forms: sometimes subjects are taught which are not in usual curricula, such as the mobility training given to the blind, or the language teaching given to severely mentally handicapped children. But this is relatively rare: more often the same subjects are taught but in a different way. This may simply mean, for instance, that more time is allowed and more repetition is provided to allow slow learning children to learn to read, but it may also mean the use of methods not conventionally used in ordinary classes. For visually handicapped children, special methods may involve them in learning the same things as other children, but instead of reading and writing print, they may use braille or a tape recorder.

1.2 Sometimes special treatment may have almost nothing to do with classroom activities at all, such as equipping schools with ramps and lifts for wheelchairs to provide access for physically disabled children, or providing care assistants to help children go to the toilet and move around the school. It might involve advice to teachers on how to treat a child who is often seriously ill. It could also mean making massive differences to the environment, so that all features of school life are systematically considered and designed, as in therapeutic communities for maladjusted children. All these things are possible forms of special treatment, and this unit will have something to say about all of them, so my definition of a special curriculum is very broad, although the coverage of each topic will have to be highly selective.

1.3 Section 2 begins by looking at the constraints upon the provision of special education. I shall examine the effects of its distribution, of its separation from ordinary schools, and the pressures put on it by outside bodies and internal movements. All these factors affect the experiences of children in special education to some extent. I shall also look at the ways in which tradition and fashion affect the curriculum, using as an example some aspects of teaching methods with severely mentally handicapped children.

1.4 Section 3 is about attempts to provide a special environment for children who are troublesome, difficult or disturbed. Section 4 is about attempts to provide special methods and a modified curriculum for children who are slow learners, and section 5 is about ways of helping children who are physically disabled and visually handicapped by providing special materials, equipment, methods and building design.

1.5 There are four themes that tie together the material in sections 1–5. At the end of each section I have provided an activity based on these themes, in which you are asked to summarize the material in that section. As you work through, accumulate your notes on these four themes. In section 6 I shall summarize them and give you my conclusions. The themes are:

(a) *The differences between special and ordinary curricula* Throughout the unit I will be looking for ways in which they differ. But I shall also be investigating whether under various circumstances they *ought* to be different. So bear in mind that a special curriculum is not automatically a good thing.

(b) *The influences on special curricula* There are many factors that might influence the curriculum that children in special education receive apart from the needs, wishes and interests of the children. I shall be looking at some of these, and trying to assess their relative impact.

(c) *The relationship between the special and the ordinary curriculum* In sections 3, 4 and 5, I shall be asking to what extent curriculum problems in special education are the result of curriculum problems in ordinary education. I shall also be investigating the degree to which special education is necessary because the ordinary curriculum is inflexible.

(d) *Accountability in special education* The fourth theme is responsibility for educating children with special needs. Who should be accountable for educating handicapped

children and how should they be made to account for their actions? Accountability recently became a public issue in ordinary education, when people began to worry that teachers could provide whatever curriculum they wanted to offer without taking anyone else's wishes into account. Patterns of accountability can have important implications for the kind of curriculum that is provided.

2 *A special system?*

2.1 No one is ever entirely free to do as they wish. Governments plan economic strategies in the rarefied atmosphere of the cabinet room at No. 10, and eventually their decisions make life more or less difficult, comfortable, rewarding for you and me. They contribute to the design of a system which we have to take part in with varying degrees of alacrity or reluctance. So too with education: the 'system' of buildings, habits, ways of workings, traditions and fads—all of them of human, though not always intentional, design—is something we have to live with, participate in, contribute to and change. What the curriculum in special education looks like, and what it can achieve, is as much constrained by this system as is any other human social activity. To understand what children in special education experience—and that is the broadest definition of a curriculum—we have to know something about the way in which special education is organized.

Geography

2.2 The most obvious constraint on handicapped children's educational experiences is the availability of special provision. Unit 1/2 should have disabused you of any image you might have had of a rationally planned system of provision which neatly matches the needs and location of children. To show just how much provision varies geographically we can look at the distribution about the UK of one sector. Figure 1 shows the locations of schools and units for hearing-impaired children in 1979. The map shows that if you

Figure 1 The distribution of schools and units for the hearing-impaired in the UK *1978–9.*
Source: National Deaf Children's Society, 1980.

are a deaf child, it's not a good idea to live in remote rural areas. In particular, the Highlands of Scotland are devoid of special provision, as are large areas of Wales, the South West and East Anglia. In some counties with comparable school populations the amount of provision varies a great deal. Wiltshire, with an ordinary school population in 1978 of 96,100, had only one partially hearing unit (PHU). Dorset, whose ordinary school population in 1978 was 86,485, has seven PHUs. These differences do not appear to be made up in other ways: both counties have peripatetic advisory services, but in 1979 Dorset had seven teachers compared to Wiltshire's five. Although there are major variations in provision, the map is a very crude picture. It doesn't show how many children are individually integrated into ordinary schools, with or without support, nor does it show the differences in quality and approach which are certain to exist among schools and among units.

2.3 Even within one local authority, one often finds that a particular set of circumstances has conspired to produce a pattern of provision that on first sight looks quite baffling. Take, as an example, the county of Cheshire and how it provides for children classified as ESN(M). Cheshire has day and residential special schools, and units attached to ordinary infant, junior and secondary schools. Figure 2 shows how they are distributed about the county. The accompanying diagram shows the numbers of children attending primary and secondary units and special schools. Interpreting these figures is not entirely straightforward, since we do not know where the children live. Certainly many who attend the special schools, particularly the residential schools in the districts of Ellesmere Port and Warrington, live many miles away. Nevertheless, look at the numbers of children attending primary and secondary units in each district. First, you will see that there are large differences between districts in these numbers, and correspondingly in the numbers of units. In the district of Warrington there are no children in units, whereas in Chester there are 188. Children in Warrington go to a special school, in other areas they may go to a unit. Second, in some districts (Ellesmere Port, Vale Royal, Congleton and Halton) there is a dramatic decline in numbers in units as children move from primary to secondary age, but in other districts the numbers remain the same. Why does this happen? In some districts there are few or no places in secondary units, and those districts usually possess a special school. These figures can't be explained by children returning to ordinary schools at 11—very few do—in fact, overall there are many more children of secondary

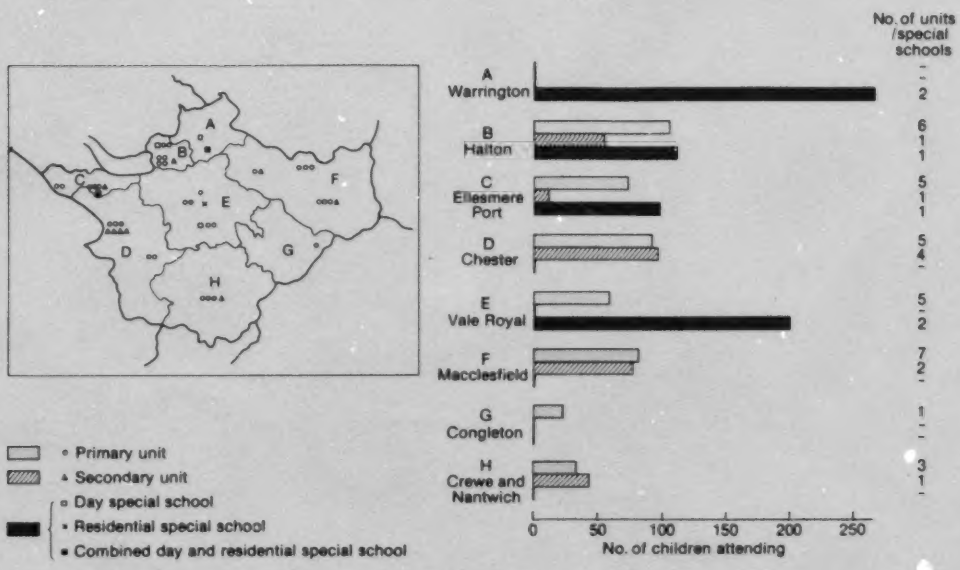


Figure 2 ESN(M) *provision in Cheshire.*

age classified as ESN(M). Many ESN(M) children in Cheshire, then, spend their primary years in an ordinary school and then go to a special school, but many others, who differ *only in where they live*, remain in ordinary schools until they reach 16.

2.4 This may seem odd, but it is not very unusual. What happened in Cheshire was the result of a combination of education committee policy, individual initiatives by the county's officers, and local government reorganization. Until the mid 1960s, Cheshire had two residential ESN(M) schools, one for each sex, and nothing else. With a new chief education officer and the appointment of a new adviser for special education, expansion began based on a policy of unit placement at junior level and special school placement at secondary level. But by the mid 1970s two changes had occurred: as part of local government reorganization Cheshire gained Halton and Warrington with two existing special schools and lost a new school in the north east to Stockport. It also gained the City of Chester, until then a separate authority, which had established a number of secondary and junior units. Expenditure cut backs meant that special schools planned for the north east and Ellesmere Port were never built, and it was anyway much easier for the authority's officers to open a unit in an ordinary school which generally involved no new capital expenditure. Figure 3 shows the growth in the number of places in schools and units as a whole. The rapid expansion of units continued well into the penny-watching late 1970s, whereas special schools came to a halt in 1972. (This trend confirms the national developments discussed in Unit 1/2.) Thus children's educational chances depend partly upon where they live.

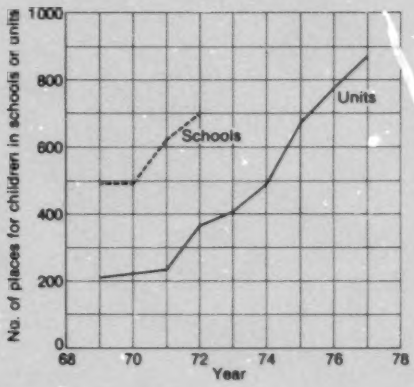


Figure 3 Places in ESN(M) *and diagnostic units and* ESN(M) *schools in Cheshire.*

A separate system

2.5 But however much unforeseen circumstances conspire against our hopes, the existence of a separate special system is based on the belief that this is the best way to get the right kind of education for children in need. We can never entirely foresee the consequences of our actions, and separation can have many unintended effects. While it can produce quite different educational experiences, it is not always obvious that the difference is to be desired. This is crucial. What we have to do in evaluating any part of special provision is, first, to identify what is distinctive about it that marks it off from normal provision; secondly, to ask whether the differences that we have identified are necessary for the kind of education we want children to receive. This is the first of the four themes I mentioned in the introduction. Here, I want to show how separate organization can lead to curricular differences.

2.6 Not all institutions that provide special education are under the control of education authorities. Many places, where children identified as having special needs spend their school lives, are controlled by health authorities or social services departments (and many

are also run by private organizations). It is no longer the case that some children are excluded from education by law—that ended in 1971 when severely mentally handicapped children ceased to be considered unsuitable for education in schools, although they are still so in Northern Ireland. However, we do have psychiatric hospitals, 'community homes with education' (which used to be called approved schools), observation and assessment centres, and, in Scotland, there are 'List D' schools where children under supervision orders can be sent by a 'children's hearing'.

2.7 It is clear from one recent report that the isolation engendered by administrative arrangements can be a problem. In 1978 HM Inspectorate conducted a survey of community homes with education (CHEs). Although they found some CHEs to be very successful and offering a good education, they concluded:

> . . . because the CHE is not part of the normal education system, it provides an education isolated from general educational practice, as well as from educational support services in the locality . . . A radical reappraisal of assessment procedures, of methods, and of the curriculum as a whole is required. It is possible that some of the improvements can be made only if a new relationship between the provision of education in CHEs and the LEAs can be worked out.
>
> (DES, 1980a, p. 21)

The survey found that teachers in CHEs, who are employed by social services departments, had very little contact with their LEA, either through advisers or through attendance at in-service training courses: more than half the 21 CHEs surveyed had no support from LEA advisers and never used in-service training. On top of this, very few CHEs had any links with ordinary schools nearby. The report generated quite a correspondence in the educational press, some of it supportive, some hostile. Many of the supportive letters came from teachers in CHEs. At the same time a deputy head of an observation and assessment centre attached to a CHE was urging me to put CHEs into this course, feeling they were too easily forgotten. The numbers of children involved are not insignificant: in 1976 there were 6784 children in CHEs. As a comparison, in the same year 3585 children were ascertained as blind or partially sighted, yet these children received far more attention and educational resources.

2.8 The report and subsequent correspondence in the press showed that CHEs varied greatly in how much contact they had with education authorities, and in many cases support from the social services was just as minimal as that from the educational authority. What I see as important in this is that the existence of such organizations *tends* to lead to certain consequences, but their effects are not assured. They will be modified by the particular characteristics of staff in an institution and by individuals within authorities.

2.9 Nor should it be thought that problems would be solved overnight by reallocating CHEs to education authorities: a residential school for maladjusted children I visited recently, out in the country some 50 miles from its urban LEA, was so isolated that none of the staff could tell me what alternative provision existed in the LEA, and they complained bitterly that they very rarely saw educational psychologists except when new children were brought out to them. The same difficulties arise within some LEAs over the relationship between remedial provision in ordinary schools and ESN(M) schools. Here we have two sectors where the clientele have many common features and yet, because they fall under different administrative departments, they can become artificially isolated from each other. In one LEA I visited, the adviser for special education confessed that he had no remit for and precious little knowledge of remedial provision. Yet in the same LEA there were schools that had well established links between their own remedial departments and units for ESN(M) children, and one district was just beginning to survey the two sectors jointly. Organizational arrangements can set or encourage a trend, but they can be overcome.

2.10 Separation can also lead to a rather inward-looking system in which ideas and practices arise or continue which would not be sustained in the ordinary system. We can see this by looking at the education of hearing-impaired children, one of the most highly developed sectors of special education. Most teachers in special education have no specialized qualification beyond their teaching certificate, and few are required to have

any, but teachers of the hearing-impaired must have an additional specialized qualification beyond their initial qualification (but only if they are in a special school, and not a PHU, the logic of which defies me!). Hearing-impaired children are also very often surrounded by a great deal of sophisticated technology: there has been a rapid development in radio aids that transmit from a microphone worn by the teacher, by a loop aerial that runs round the classroom, to receivers on each child. Beyond individual hearing aids, technology is used in the service of the curriculum: for example, King and Parker (1980) have experimented with oscilloscope displays of children's own voice patterns to provide them with feedback the children normally don't have in order to learn to control their intonation patterns. Hearing-impaired children also have quite a distinct curriculum, because they are usually quite severely retarded in their language development.

2.11 All these special features are designed to promote the education of hearing-impaired children, but other features are not so obviously for the well-being of all the children. A large proportion of deaf children attend non-maintained schools, many of which—a third—are residential. Many deaf children will have to travel considerable distances to their school, often from an early age. Selective schools are also a major feature of the education of the deaf in the UK. Two such schools, Mary Hare Grammar School and Burwood Park, dominate the academic side of deaf education, and between them account for five per cent of all deaf children at school. A parents' group surveying the scene in Enfield showed how the pressures of selection existed in the junior PHU attended by their children, well after the 11+ had been abandoned for other children. At the top end of the junior school, more able children were prepared for the fiercely competitive entrance examinations to Mary Hare and Burwood Park, and the group reported that 'the whole of school life seems to revolve around this, causing strain and tension' (Enfield Association for Education, 1978).

2.12 Children who are classified as partially hearing are much more likely than deaf children to attend a PHU: around 40 per cent of partially hearing children, compared to five per cent of deaf children. PHUs were set up originally only in primary schools, to prepare children to cope in ordinary secondary school classrooms; however, this aim has never been fulfilled and many secondary PHUs have been established since, particularly in the 1960s. There are still some areas where no secondary PHUs exist and many children switch from an ordinary school to a special school at 11+. (Although there are roughly equal numbers of deaf children of primary and secondary age in special schools—908 five to ten year olds and 1000 eleven to sixteen year olds in 1976—there are twice as many partially hearing children of secondary school age in special schools as there are of junior school age: 820 as against 397; DES, 1977.) So separation can create opportunities and it can create problems, and a new system tends to have many more effects than those originally planned.

Pressures and controls

2.13 Some effects arise because schools serve many functions and needs. They are much more than places where children learn: they must serve the needs of teachers, parents, the education authority in its many guises, the local community, the school governors and other schools in the neighbourhood. For teachers and other members of staff, schools take up a large part of their lives, from which they need to gain some personal satisfaction; how they go about gaining that satisfaction, and the degree to which they succeed, is bound to affect the quality of life of that school's children. Sometimes it is not just a matter of job satisfaction, but the existence of the job itself. People who are responsible for running institutions have a vested interest in seeing them continue. In one LEA, hearing-impaired children are placed in PHUs, in residential schools, or in ordinary classrooms. A string of decisions by the advisory service for the hearing impaired, which placed children in the two latter categories, led to empty places in the PHUs. With the recent expenditure cuts, this worried the teachers in the PHUs, who then put pressure on the advisory teachers to place children with them. The head of the service was eventually obliged to circulate a document stating policies and trying to scotch any idea that he 'lacked confidence' in the PHUs.

2.14 It is *possible*, then, for the wishes of other people in the system to lead to arrangements in which the children's interests are not paramount, if they are considered at all. Planning curriculum change is going to involve considering change in the lives of *all* the members of an educational institution.

2.15 Among these members, teachers have a considerable measure of power, particularly over what they teach, the only constraints on them being public pressure, examination boards and economic necessities. Teacher unions cherish such autonomy, although there is a movement to curtail it. The general public became aware of this as a possible danger in the late 1970s, when external pressures on state education became very noticeable. In 1976 James Callaghan, then the Prime Minister, began the 'great debate' with a speech in which he articulated public anxiety about standards in education. The newspapers seized upon this, letting scarcely a week pass by without printing several column inches about the goings on in 'our schools' which covered anything from punk rock to the new maths. Accountability became a watchword, and central government began to take steps towards defining a common curriculum that all schools should adopt, which resulted in a consultative document produced in 1981 (DES, 1981). The movement was and is an attempt to change who controls what is taught.

2.16 One of the books which documented this movement is Dennis Lawton's *The Politics of the School Curriculum* (Lawton, 1980). But it would be very hard to imagine a book called *The Politics of the Special Curriculum*; in all the flurry of activity in the late 1970s, special education was very little mentioned. Books which documented the great debate, such as Lawton's, and Adam Hopkins's *The Schools Debate* (Hopkins, 1978), had next to nothing to say about it.

2.17 Why is this? Does special education matter less? Is there no power struggle in it worth writing about? To most people, special education does matter less. It is a very small part of the education system and much less important economically and politically. To most people it would be perverse to worry about standards of achievement in special education. After all, children are there because they can't learn, aren't they? And no one is likely to get worked up about handicapped children being indoctrinated with undesirable political opinions, as they do worry about children in ordinary schools. You will not find employers complaining about the standards of special school leavers, and you will find only a bare mention of special education in the 1981 government document on the curriculum (DES, 1981).

2.18 Nevertheless, there are power struggles, although they tend to be of a different kind. Disagreements over what should be taught happen all the time, but they are rarely debated nationally. There *was* a considerable and international power struggle over the methods used to teach deaf children. Although the battle lines are not so closely drawn as they once were, there are still very strong feelings about whether deaf children should be taught using a wholly oral method, or whether they should also learn a manual sign language. The controversy started in the mid-eighteenth century in France and grew throughout the nineteenth century, culminating in the International Congress of Teachers of the Deaf in Milan in 1880. The first resolution of that congress ran: 'Considering the incontestable superiority of speech over sign for integrating the deaf-mute into society, the oral method is preferable to the gestural for the development and instruction of deaf-mutes.' At the end of the congress, the French representative stood up and shouted '*Vive la parole*!' ('Let speech prevail!'). Twenty years later at the International Congress of Deaf-Mutes in Paris a long-standing division of opinions came to the forefront, for while all the hearing delegates were resolving in favour of oral methods, the deaf delegates, in another room, were resolving in favour of mixed manual and oral methods. Their resolutions were repeatedly ignored by the President on the pretext that the official language of the Congress was French, not sign language.

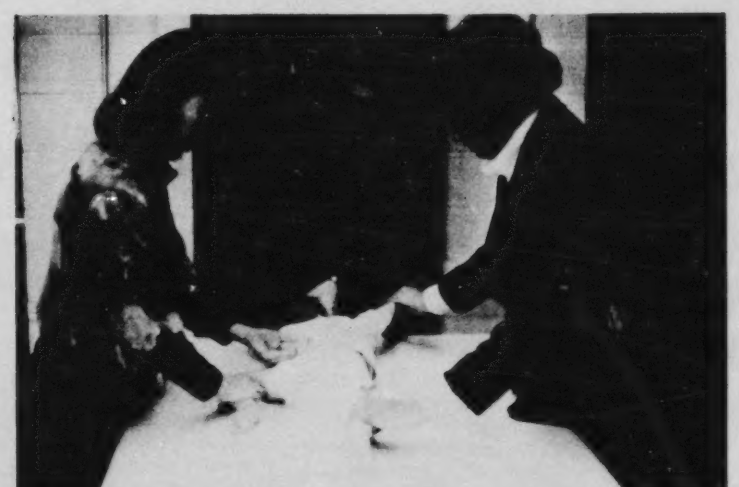
2.19 The controversy continues to this day and is unique in special education in that it prompted the government to establish a Committee of Enquiry in 1964—the Lewis Committee—to consider 'the place, if any, of finger spelling and signing in the education of the deaf'. Their report on this one issue runs to well over 100 pages (DES, 1968). Compare this with the Warnock Report's 20 pages on the entire special curriculum, which contained no hint of major disagreement or power struggles (DES, 1978, pp. 207–26).

In fact the chapter gave every impression that the field was characterized by uncertainty and confusion. The Warnock Committee made some proposals that national bodies devote more effort to curriculum development, but concluded: 'However effective the central initiatives proposed . . . are, the quality of special education will ultimately depend on the head teachers and teachers concerned' (p. 225). The conclusion reflected the much greater individual autonomy in special schools than in ordinary schools. Where schools are relatively isolated, free of control by examination boards, and where no one is sure what a special curriculum should be like, this is not surprising. One head of an ESN(M) school I spoke to was seeking more contact with the outside world, particularly with the subject advisers in his LEA, in an attempt to get curriculum advice. He felt their reluctance to visit was because they looked on special education as the 'two-headed sector, in which strange, occult things go on'. It is hardly surprising, then, that disagreements about the curriculum tend to be *internal*, within schools.

2.20 The *external* pressures are of a different kind, and they come from the ordinary system. Remember that the majority of children who are in special institutions are there after they have been in ordinary schools which have been unable to provide for their needs. As Unit 1/2 has shown, there is evidence that these external pressures have grown and led recently to the establishment of many new special institutions. Apart from determining the existence of institutions, the pressures from ordinary schools may affect the character of special institutions by changing the population of children. It is an oft-heard lament in schools for maladjusted children that they have now to cope with many 'delinquents' rather than children who are 'truly maladjusted'. Indirectly these pressures exercise control over what is taught and what can be achieved in special institutions.

Innovation and tradition

2.21 Some things that go on in special education look very different indeed from what happens in normal education. I vividly recall one school for severely mentally handicapped children that had adopted a technique known as the Doman-Delacato method. Limp little bodies were being manipulated by a determined group of teachers and



An important part of the Doman-Delacato technique is 'patterning'. The child's limbs are moved back and forth in a rhythmic manner similar to crawling movements. Advocates of the method believe this stimulates brain development.

volunteers, as the children, lying prone on a table, had their arms and legs moved back and forth in imitation of crawling. Why was this going on? The theory underlying the treatment is that learning failure is the result of the failure of one side of the brain to become dominant. It normally happens that the left half of the brain tends to dominate a number of activities such as sight and the hand movements involved in writing; it also controls language. This 'patterning' of movement (not to be confused with physiotherapy), along with exercises performed with the forced use of only one hand or one eye, is designed to achieve that 'hemispheric dominance'. But this school had not gone through a strict design process, considering evidence for and against, to select this unusual approach. In fact, at the time all the evidence suggested that the method was ineffective. There were probably a number of reasons for its use: in the first place the method was and still is carefully and systematically promoted by its originators. Not long after this school started using this method, a large sum of money was raised to send one teacher to the Institute for Human Potential in Philadelphia to be trained in the technique; she returned and trained the other members of the staff. Secondly, this was some two years after ESN(S) children had been brought into education. There was, and still is, an enormous curriculum vacuum. No one really knew what the children should do in schools, but such a rigorous and demanding programme as Doman-Delacato could obviously satisfy many worries about whether the school was doing enough. Its sheer oddity probably also contributed: the messianic desire for a miracle cure for handicap should never be underestimated, and a method such as Doman-Delacato technique certainly guarantees that the special school is doing something special. Although the technique gained some popularity in the early 1970s, it has never become commonplace, so we have also to take into account what must have been a series of chance events that led this school to discover this approach.

2.22 Clearly only some of the reasons for having a special curriculum are to do with the characteristics and needs of the children. Straightforward fashion should not be overlooked, both in the kinds of children who get into special education and in the curriculum. An illustration of this is the astonishing boom in the use of microcomputers in special education, however much it may be supported now by the DES's financial stamp of approval. How much real effect microcomputers will have remains to be seen. In ordinary schools there was much faith put in teaching machines and various other technological aids in the late 1960s and early 1970s, but their impact on the structure of the curriculum and the nature of teaching methods was minimal. The 'white heat of the technological revolution' has scarcely warmed schools.

Behaviour modification

2.23 One might imagine that special education in the 1970s and 1980s would be the scene of significant innovations. Although there are some changes evident, many schools' curricula have a very long and very slowly developing history and changes often turn out to be more cosmetic than major surgery. In schools for severely mentally handicapped children the use of behavioural teaching techniques has been *the* important innovation in the decade since 1971, when these schools came into existence. Behaviour modification is used throughout special education today; in sections 3 and 4 I shall be discussing some aspects of it, and Unit 12 provides a more thorough analysis. As applied to ESN(S) children, behavioural techniques have involved, firstly, breaking down skills to be taught into very small steps, and describing them as 'behaviours'. For example, learning to use a spoon might be broken down into the three steps of gripping the spoon, picking up some food, and putting the food in the mouth. Secondly, these techniques use systematic reinforcement. After a behaviour has been performed during training, a reward is provided; this desirable consequence makes the behaviour more likely to recur under the same circumstances. Thirdly, a number of specific techniques for developing new behaviours has been introduced, many based on imitation, while others include 'shaping', where a new behaviour is built up through a number of intermediate small steps, and 'chaining', in which one new behaviour acts as a stimulus for the next. But how new are these methods? Many of them have a pedigree that goes back to the beginning of the nineteenth century, and to one man in particular who devised many of the methods commonly in use today and 'reinvented' over the past 20 years.

The Wild Boy of Aveyron

2.24 Jean-Marc-Gaspard Itard was born in 1774 in the South of France and in 1800 took up a post as resident physician at the Institute of Deaf-Mutes in Paris. That same year he met Victor, the Wild Boy of Aveyron. This boy was about 12 or 13 when he was discovered in a forest in southern France. No one was sure how long he had lived alone but his isolation had produced a being devoid of social behaviour and language. The first person to offer a detailed description of Victor, Pierre-Joseph Bonaterre, described him as having some features typical of many severely mentally handicapped children, but whether Victor was congenitally handicapped or had been brought low by his life in the forest was hotly disputed. Itard was convinced that careful teaching would 'finally return to society one who seemed destined to live so far from its embrace'. The details of Itard's methods would take up much space; the complete story can be read in Harlan Lane's marvellous book, *The Wild Boy of Aveyron* (Lane, 1979).

2.25 Two of Itard's initial aims for Victor were 'to extend the range of his ideas by giving him new needs and increasing his social contacts' and 'to make him exercise the simplest mental operations first concerning objects of his physical needs, and later the objects of instruction'. To achieve the first of these aims, Itard used a procedure now

Jean-Marc-Gaspard Itard (1774–1838), teacher of Victor, the Wild Boy of Aveyron, and one of the founders of the education of the mentally handicapped and the hearing-impaired.

Victor, the Wild Boy of Aveyron, depicted in Francois Truffaut's film L'enfant sauvage.

known as 'secondary reinforcement'. At first he failed to interest Victor in anything other than food; toys, sweets and social approval had no effects. It was only when he used one of Victor's favourite foods, chestnuts, as a reward in a game that the process of 'creating new needs' began. He presented a row of small silver cups upside down and put a chestnut under one. When Victor was retrieving it successfully, he then began to complicate the game by moving the cups about and by adding more chestnuts. Victor continued to succeed, and shortly the game began to be its own reward. Itard now used a number of inedible objects with equal success. The game anticipated the use of reinforcers to train attention, as well as the development of secondary reinforcers.

2.26 For the second of these aims Itard drew on the method his own teacher Sicard had used with deaf-mute children. As he had had some difficulty teaching Victor to discriminate speech sounds, he began to teach the discrimination of letters as a basis for communication. First he established Victor's ability to match an object with a chalked outline of it by putting hooks under drawings on a board, on which Victor placed the corresponding object. When he was sure that Victor was not placing objects according to position but was comparing the drawing and object he began to teach more elaborate comparisons:

> I pasted three pieces of paper of very distinct shapes and colours on a board two feet square . . . Nails were driven into the board and three pieces of cardboard of the same shapes and colours, with holes pierced in their centres, were placed on their respective models and left there for some days. Then I lifted them off and gave them to Victor, who replaced them without any difficulty. By inverting the board and thus changing the order of the figures, I made sure that this first result was not purely a matter of routine but the fruit of comparison . . .
>
> After some days I substituted another board for the first. I had pasted the same figures on it, but this time they all had the same colour . . . At almost the same time, I showed him a third board where all the forms were the same but the colours different. The same test always had the same results, not counting mistakes owing to lack of attention . . .
>
> To the board with various forms, I added some new shapes that were much less distinct and, to the board with various colours, some new ones that differed only in tint . . . This gave rise to some mistakes and some hesitation, which disappeared, however, after some days' practice.
>
> (quoted in Lane, 1979, pp. 119–20)

2.27 From this Victor moved on rapidly to matching, and discriminating letters. Thus Itard anticipated by some 200 years one of the main aspects of behavioural teaching

methods with the mentally handicapped: the principle of successive approximations to a skill, moving by very small steps based on a careful task analysis. Another 'modern' technique Itard used was 'generalized imitation'. He used it to teach Victor writing:

> I proceeded . . . by giving Victor practice in imitating large-scale movements, such as lifting his arms, putting his foot forward, sitting down and getting up the same time as I did; then opening his hand, closing it, and repeating many finger movements—first simple, then combined—that I performed in front of him. I next put a long pointed rod in his hand and another in my own, and made him hold it as if it were a quill for writing, with the double intention of giving more strength and poise to his fingers through the difficulty of holding this imitation pen in equilibrium and of making visible and consequently capable of imitation, even the slightest movement of the rod.
>
> (quoted in Lane, 1979, pp. 148–49)

2.28 One hundred and seventy [illegible] later Bill and Diane Bricker in Tennessee used almost exactly the same [illegible] basis for a very influential language programme (Bricker and Bricker, 1973). Itard's [illegible]niques were not lost; they were adopted by his pupil Edouard Séguin, who took [illegible] the US, and later by Maria Montessori, whose influence, particularly on methods in nursery education throughout the world, continued until her death in 1952. Although she was born 32 years after Itard died, her debt to him was clear. In 1909 she wrote, 'My ten years of work may in a sense be considered as a summing up of the forty years of work done by Itard and Séguin.'

2.29 The principles of behavioural techniques were, then, not merely being informally and unconsciously used in special education, but were documented, and long before 1971. So what has actually changed? A number of things. First, since 1971 the mentally

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A major innovation in the education of mentally and physically handicapped children is the use of sign language and symbol systems. These can both substitute for and encourage language development. They are now used in over half the schools for severely mentally handicapped children in the UK.

A physically handicapped child who cannot talk learns to communicate using Blissymbols, which he points to with his hand. These symbol systems are more popular for physically handicapped children than sign languages.

handicapped have been brought much more into the public eye and into the sight of education authorities. This has meant, not the invention of techniques, but the much wider dispersal of existing ones. Second, there has been an enormous growth in the volume and influence of research in this area, much of it coming from the Hester Adrian Research Centre in Manchester and the Thomas Coram Research Unit in London, whose members have now popularized behavioural methods in books for both parents and teachers. Some of this research is genuinely innovative, but much of it is well within Itard's tradition. A third change has been in the language used to describe teaching methods; Itard did not use terms such as 'reinforcement schedules' and 'generalized imitation', nor, most important, did he describe his aims and methods in the purely behavioural terms which have now become very fashionable.

2.30 It would not be safe to assume that the good works of Itard found their way into all or even most twentieth century British schools for mentally handicapped children, but it is also very mistaken of innovators to assume they are walking into unknown territory. When I was working on a project in one LEA developing and implementing behavioural techniques, one obstacle the project hit was teachers who said, 'We do it already.' We tended to dismiss them, but perhaps we should have looked harder. Traditions develop in special education as they do in all social activities, and they can be both pervasive and powerful. When a new curriculum is introduced, it is those traditions that will affect what happens to it. It is worth noting that several groups of psychologists have felt they had to establish new institutions to introduce and control their own techniques. The Brickers I mentioned earlier did this, as have members of the Hester Adrian Research Centre, who set up Anson House as a new experimental pre-school facility. Unit 15 will be looking further into how innovation suggested by research is implemented.

(Left and below left): *Mentally handicapped children learning to use signs from the makaton vocabulary, a system adapted from British Sign Language. It is the most popular system for these children.*

(Below): *But all things have a history. These signs come from a book on sign language written by the Venerable Bede (673–735), and printed in Germany in 1532.*

Activity 1 We now turn to the four themes I introduced earlier. Use the three questions below to makes notes on the material in this section.

(a) What influences the special curriculum, apart from the needs, wishes and interests of children?

(b) How does the organization and curriculum of ordinary education affect special education?

(c) How are special educators made to account for their actions?

Comment (a) and (b) I have described five kinds of influence. First is the way special provision is organized: the distribution of provision may mean no special curriculum is available at all, or it may mean residential education. Isolation from the mainstream can mean a poor curriculum, or it can mean the development of features out of step with ordinary education. But separation can also mean that a special curriculum can develop with proper resources. How far separation is a necessary condition for a special curriculum is something I shall be looking at in sections 3, 4 and 5. Secondly, there are internal pressures to move to a particular kind of curriculum that fits with the beliefs and theories of particular people, although these rarely cohere into groups with set views and powerful voices. You might try to list disputes you have heard of in ordinary education, and see if you can think of comparable examples in special education. Thirdly, the ordinary education system exercises considerable influence over the special curriculum by supplying the clientele. Changes in that clientele will change what happens in special education, and this begins to answer question (b). I shall have more to say on this issue in sections 3, 4 and 5. Fourth, special education has a tradition that can have a powerful hold on what teachers do today. Tradition can cause innovations to be rejected, or to be absorbed and weakened by current practices. New ideas and practices are usually altered, sometimes rightly, by the schools and teachers that adopt them. Fifth, by contrast, fashion can influence the special curriculum, particularly as a result of the need to justify the existence of a special institution.

(c) It makes little sense to say that someone is responsible for educating children unless they are responsible *to* someone for doing so. Teachers are not generally thought to be answerable to children, but they are answerable to parents, the local authority and the general public. These chains of accountability only exist as long as people outside schools take an interest in what goes on inside them and as long as those groups are perceived by schools as powerful. Who takes a powerful interest in special schools?

3 *Maladjusted education*

Diversity

3.1 What goes on in schools for the maladjusted? Were we to believe the Department of Education and Science, we might abandon the search for an answer. In a pamphlet on the education of maladjusted children, it was said:

> There seems to be no special philosophy, plan or method of teaching which is characteristic of schools for maladjusted children. The curriculum may not differ very much from that found in any ordinary school but it will, of course, be influenced by the individual interests of the head; it may have developed without any clear-cut preconceived plan in mind but it will reflect the particular aims of the schools.
>
> (DES, 1965, p.1)

3.2 If this picture was true today, it would be impossible to draw general conclusions. Historically, education for maladjusted children has allowed many exotic life-forms to flourish. In the early years of this century Homer Lane, one of the most influential of early pioneers, ran 'The Little Commonwealth' as a home for adolescents, many of whom had already been in prisons or reformatories. He said of himself shortly before

his death in 1925, 'The only difference between Jesus Christ and me is that I know how to avoid being crucified.' Lane's Commonwealth was established on principles derived loosely from Freudian psychoanalysis; he tried to build a community based on principles of love, self-respect and self-government, within a society that he found unacceptable, and he maintained that 'the problem of the reformatory school is to resolve these problems which come from the unconscious mind; for crime is fixed energy left over from an earlier period of childhood . . . I have found that almost all delinquent children will resolve their difficulties in an atmosphere of freedom and encouragement' (Lane, 1928).

3.3 The belief that deep-seated unconscious motives and forces could upset the balance of emotional life also lay behind many of the later and highly influential independent establishments, such as Otto Shaw's Red Hill, of which he wrote 'we seek not only to understand the child, but to make the child understand himself, so that his relationships with other people may be improved, and the resulting contentment will allow genius to show itself' (Shaw, 1969). If Red Hill hasn't actually produced many geniuses, it is notably different from many maintained schools in having an impressive record of O and A level passes. This illuminates a key feature of many of the independent schools for the maladjusted: they are highly selective, both intellectually and emotionally, something that maintained schools cannot easily be, and which has an important effect on them.

3.4 The psychoanalytic tradition lives on today, and therapy is the keyword in many schools, both independent and maintained. Take, for example, the maintained day school for 50 children described by Mary Wilson and Mary Evans in their recent national survey of education for the maladjusted.

> The key principle underlying the work of this school is the belief that the most effective therapy for emotionally disturbed children is for them to be together in an unpressured and relaxed situation where all that happens between them is openly discussed. The feelings associated with their behaviour as individuals or in a group are also discussed, together with the possible motivation for their acting as they do. The headteacher defines the method as interaction therapy and is totally committed to this way of working. He believes that through it a strong rapport with pupils is established and he sees this rapport as the only basis on which a gradual progression towards control and structure can be achieved. He is convinced that the majority of pupils move to a point where they appreciate control and want it; at this stage expectations of them both behaviourally and educationally can be raised. He is a key figure in the implementation of this form of therapy and expects all staff to work within the same philosophy.
>
> When we first visited, the school was housed in small shabby buildings where conditions were rather cramped. Unsuitable as these were in many ways, they nevertheless facilitated the method of working. The head had a very small room in the centre; his door was always open and he was immediately accessible to distressed individuals, to small groups in dispute and to members of staff. In fact there was very little going on in the school that he did not immediately hear, see or shortly discover. Our initial interview was punctuated by visits from pupils who came in, with pleasure or in trouble, to talk. We had a good picture of what the headteacher meant by constant communication, reflection of feelings and insistence on the individual's acknowledgement of his partial responsibility for what had happened. Sympathy and understanding were not allowed to distort reality. These informal contacts went on with all staff, teaching and ancillary, and there were more formal arrangements for discussion.
>
> One of these was the daily meeting of the whole school, with staff, for half an hour after lunch. The dining-room was small, tables were quickly cleared after a very good meal and the head, staff and children talked, as a family might, about happenings since the last meeting. Plans for the immediate future were outlined and complaints were aired too, staff helping less articulate children to make their case. Another opportunity for discussion was the meeting of group representatives with staff; each teaching group had a representative who took to the meeting the ideas, feelings and criticisms of their group members. The head attended only if he was invited. The meeting had the power to make decisions in limited areas. These arrangements certainly offered children the opportunity to ventilate their feelings and to express their needs, and because everything was so openly expressed the disturbance and anger of the pupils was evident. Despite this the school was well controlled, although one felt that it was the skill, commitment and professional unity of the staff and head that kept the group stable . . .

[The head] judged his work with parents to be of major importance and devoted much of his time to this. He visited homes regularly (as did three members of his staff) and there were times in the week when parents had priority for telephoning. They were not only encouraged to come to the school for celebrations but were often fetched. The head was understanding of their anxiety and saw it as the school's responsibility to relieve this by building confidence in what the school was doing. The staff were tireless in promoting events to entertain parents and neighbours in a way that fostered goodwill and trust.

The head made considerable demands on staff. He expected them to teach well and to work loyally to a method which was not easy because all problems were in the open all the time. But he was aware of the strain this entailed. He held a half-hour staff meeting at the end of each school day where his primary aim was to give staff the chance to voice doubts and to talk about the problems which had occurred during the day; he did not like staff to go home with unresolved or unshared problems on their minds, and used this meeting to relieve anxiety and to promote unity. There was also a more formal weekly staff meeting at which general problems, plans and strategies were discussed both for treatment and for education; individual children's problems, status and progress were also considered in depth.

Education was regarded as important. The programme did not differ in any significant way from those common in day schools for the maladjusted, although there was a slightly longer classroom working day than is usual. Options and activities were followed only for one and a quarter hours after lunch. There was a full morning schoolwork programme and the last period of the afternoon was also a schoolwork period to settle the pupils before the return home. One aspect of the programme reinforced the head's philosophy that pupils come to a point where they want more controls and greater demands: as a result of requests from the pupils CSE examination work had been started. The head would not have inaugurated this himself. In the formal staff meeting we attended part of the discussion centred on possible modifications to the timetable to enable some 'setting' and longer teaching periods to accommodate these studies. There were also plans for co-ordinating more intensive remedial work throughout the school.

(Wilson and Evans, 1980, pp. 116–18).

3.5 This contrasts markedly with another school described by Wilson and Evans, whose curriculum is designed upon the principles of behaviour modification:

There are two main aspects to the work of this school. One concerns the expressed attitudes and behaviour of the staff to pupils; the other, planned procedures based on behaviour-modification techniques . . . The school is highly controlled but without stress; it is controlled for the children so that nothing in the organization hinders them from making progress. Numbers of the pupils who now live in the overspill town where the school has been built come originally from a sub-culture where violence and aggression are common. [The head] can see no good in the school's resembling this and therefore lays down clear lines of procedure to avoid it . . . Because the procedures for control are clear and adequate, staff are expected not to retaliate against either verbal or physical aggression . . . the only permissible contacts are affectionate ones . . .

The permanent staff had come to the school originally with little or no experience and had been chosen both because they were naturally warm towards children and because they wanted to work in a situation where aims, objectives and the means to achieve them were clearly laid down. They took the view, though, that children will not internalize external controls unless there is liking between the controllers and the controlled, and they regarded good relationships between adults and children as crucial. We certainly saw much exchange of spontaneous affection and conversation between them, and teachers took a positive approach to further the same sort of relationship between pupils. They gave help with courteous exchanges and were quick to point out if a child's behaviour constituted an unjustified attack on another child, or was hurtful to him or denigrating—they would say, 'I think that calls for an apology'. In all cases this was given. Significantly, the three sets of rules, which are written and displayed in poster form and apply to three areas in the school (in school, outside in the grounds, in a special recreational area in the centre) all begin with the same one: PEOPLE MUST NOT BE HURT . . .

All children attend school full time daily. There are no free unstructured periods except at break times. Social and schoolwork education is carried on at

the same time and emotional rehabilitation is seen to be achieved by the child's having consistent success and being able to see how he is progressing socially and educationally; as all activities are programmed for success there is no way that he does not see this. The school uses a 'token economy' system and tokens are used either for a child's movement towards a more desirable form of behaviour, or as a direct reinforcement of achievement, or for co-operation throughout a lesson or activity . . . Twelve tokens are available to each child in every teaching period. One teacher allocated tokens as follows: five for behaviour in class, five for the amount of work done, two for working alone without interfering with others, and a bonus for putting up hands and not shouting when asking a question or asking for help. There is a fine of five tokens for doing something against class rules, which are clearly defined and in one class included no shouting across the room. But reward schedules vary according to pupils' and teachers' needs; shaping of individual pupils with reference to their particular problems is common—for example, rewarding a boy with a loud voice for speaking normally, and a quiet boy for speaking loudly . . .

The curriculum is meticulously planned in detail for the lower, the middle and the upper school. Syllabuses are printed and include the content, stages, methods and means of evaluation. The content did not differ in any significant way from that followed in other schools for disturbed pupils. The core curriculum of mathematics and English (including reading and language development and some literature) is extended by environmental studies, the use of environmental skills and, for older pupils, a community study course and a course in careers studies. The options include pottery, basket-making, collage, painting, aeromodelling, woodwork, metalwork, car maintenance, physical education and games, and outdoor pursuits . . . The morning programme consists of compulsory study. The tokens earned are used to 'buy' sessions at the options offered in the afternoon. Any child who does not have enough tokens to buy an afternoon option continues with a compulsory programme as in the morning. He can then earn tokens for an option later in the afternoon or towards options on the following day.

Control of pupils is managed in two ways apart from the use of tokens; one is staff expectation that children will behave well (and this is a powerful influence); the other is the use of 'time out'. Time out consists of the pupil being asked to go or made to go into one of the two areas used for this purpose and for no other. He may return to the group as soon as he feels he is ready and his entrance is ignored, although the teacher takes the first opportunity to reward him when he does something acceptable. The first area is a small room . . . it has two glass walls, one looking into the school, the other out over the grounds; it is carpeted and has a picture on one of the solid walls. The child may sit on the floor or have a chair. The second is unfurnished and austere and is situated off a corridor in the centre of the building. This is for children who are violent or who refuse time out in the first area. The one window is too high to give an outlook and the walls are made of breeze-block. Children who refuse to remain voluntarily in this room are locked in. At three-minute intervals there are visual checks through the window in the door; the door is opened when the child looks calm or is knocking politely . . .

Relations with parents follow the same pattern as with the children; they are a mixture of warmth and demand. In general the children's families have had many troubles and there is great understanding of them by the head and staff. On the other hand when children are admitted parents are requested to sign a contract agreeing to the school rules and promising to see that the child keeps them. They include a ban on money (with the exception of dinner-money, which must be sealed), sweets, food or cigarettes coming into the school. There is also a demand that slippers or pumps should be worn in school but there are no other clothing restrictions. It is made clear to parents in writing that they are welcome to walk into the school at any time on any day; they may also have a full oral report on their child at any time by giving enough notice for all staff opinion to be incorporated and collated. All this is in writing. Parents also sign a document which explains in detail exactly what is entailed in the use of 'time out'; this statement ends, 'I understand the above procedure and accept it as reasonable'. They have a sheet giving full information about the school and the telephone numbers of anyone involved whom they might want to contact. At the same time the parents receive a statement signed by the head and deputy head saying that, as the child's teachers, they take responsibility for the child's educational progress and share with his parents responsibility for the child's

behaviour; they also undertake to do their best to help the child to conform socially to acceptable patterns of behaviour in the home if the parents request this.

(Wilson and Evans, 1980, pp. 106–10).

3.6 Variations in approach complicate the picture no less than variation in the children who are placed in schools for the maladjusted. Partly as a result of the influence of the psychoanalytic independent schools, the common image and definition of maladjustment grew up as one of unhappy, emotionally damaged children with smaller numbers of innately disordered 'mad rather than bad' children. You will recall from Unit 1/2 that the Underwood Report specifically excluded 'bad behaviour, delinquency, oddness'. But in fact there are now many more children in schools for the maladjusted who have been referred to them for bad behaviour than there are 'neurotic' children. Of the special schools Wilson and Evans surveyed, 40 per cent of the children fell into the first category, called by them 'conduct disorders', and only 18 per cent of children were said to have 'neurotic disorders'. The figure of 40 per cent is probably an underestimate of the total number of troublesome children in special provision, since the great expansion described in Unit 1/2 has been in units for disruptive children. Like it or not, and the heads of many LEA schools for the maladjusted don't like it, this sector of special education is now being used for delinquent, truanting, violent and disruptive children, as well as children who are seriously upset or unhappy. To speak of 'the needs of maladjusted children' as a basis for devising a single, coherent curriculum is a forlorn hope, even if 'maladjusted' is in any way an appropriate label for many children.

Caring and educating

3.7 DES pamphlets notwithstanding, there is at least a belief surrounding the area, enshrined in legislation, that the aim of education for maladjusted children is 'to further the emotional, social or educational readjustment' of the children (School Health Service and Special School Regulations, 1945). I understand this to mean readjustment to normal life with normal people, and I assume that that interpretation covers readjustment back to ordinary schools. Wilson and Evans (1980) clearly don't see it this way, since they say of special classes and units that 'they differed from special schools in the expected length of stay. Most . . . had been set up with the intention of getting the pupils back into ordinary schools' (p. 69). They see special schools as rather more long-term affairs.

The therapeutic environment

3.8 The feature of the curriculum intended to promote this readjustment is the 'caring, therapeutic environment'. It seems to matter little whether schools are based on psychoanalytic or behavioural methods, most heads will talk at length about the 'ethos' of their school. Robert Laslett has summarized what he sees as the key ingredients of this social recipe:

> *A stable pattern to school life*
>
> A regular and predictable sequence of events during the school day increases maladjusted children's sense of security even if they resist conforming to some parts of this pattern. The regularity of lessons, play times, and meal times gives a structure to their school day. The structure should not be so rigid that it cannot be modified, but it should not be so malleable that it is not a structure at all.
>
> A pattern to their school life is reassuring to maladjusted children. It is clear evidence that somebody is in charge. It emphasises the stability and consistency of the environment. It is evidence that they are in an environment which can function independently of aggressive and destructive feelings which cause severe anxiety in some children . . .
>
> *Predictable and reliable adults*
>
> Children's feelings of security are always increased if adult behaviour is predictable and consistent. Teachers in schools for maladjusted children are well aware that they cannot treat all the children in the same way and they are therefore likely to react differently to different children. These differences in

reaction, however, should be within recognisable limits, so that children's experience of teachers will lead them to know what to expect. Reacting indignantly one day and with tolerance for the same behaviour the next undermines any child's security . . .

There is another feature of reliability which is important for maladjusted children: the reliability of adults who do not give way under the strains that are imposed on them . . .

Freedom from meaningless restrictions

. . . In order that children will find it easier to revise their attitudes towards teachers, it is advisable to avoid putting restrictions on behaviour which may be irritating or inappropriate, but which is not a serious breach of discipline, dangerous, antisocial or perverse. This tolerance is useful because children then will not find constant reinforcement of their previous attitudes towards authority figures. Some restrictions are inevitable and limits have to be set upon children's behaviour, but meaningless restrictions interfere with good relationships and are usually ineffectual . . .

Fixed limits on behaviour

The organisation of a school for maladjusted children has to allow for freedom and flexibility so that staff can respond appropriately to children's individual difficulties and needs, but fixed limits have to be set to prevent disorder and demoralisation. Reconciliation of individual freedom with the need to put restrictions on freedom is a problem in the management of maladjusted children.

(Laslett, 1977, pp. 76–80)

3.9 But is this so special? I can't find one point in this list of which I can say, 'an ordinary school doesn't need this'. Indeed, Laslett tacitly admits that he is asking for what ought to happen anyway when he says 'in order that children will revise their attitudes towards teachers'. Perhaps what *is* special about this list is that it is said at all, but one wonders why it is being addressed only to teachers and trainee teachers of maladjusted children.

3.10 Laslett is by no means alone in asking for what ought to be the norm to be applied to special institutions. Wilson and Evans (1980) provide an elegant shopping list of desirable characteristics of teachers of maladjusted children, including 'an ability to endure in work which was not only very demanding but also often disappointing . . . a reserve of emotional strength and resilience which enabled them to mobilize warm feelings . . . mature . . . did not need to respond primitively and impulsively . . . showed a heightened sensitivity and insight . . . ' (p. 80). Are any of these insignificant attributes of the good teacher in any school? It may be that you can only *guarantee* to find such paragons in maladjusted schools (although you would be hard pressed to find a guarantor), but that misses the point that it is not unreasonable to aim to have all teachers like this.

3.11 What none of these authors stresses is that it may simply be the resources available to schools for the maladjusted that make a therapeutic environment possible. It becomes much easier to pay warm attention to individual children if you have an average pupil–teacher ratio of only five or six to one, as it is in most special schools for the maladjusted. I shall return shortly to how the material disadvantages of ordinary schools set limits to their ability to provide a caring environment.

3.12 From this evidence it doesn't seem possible to identify any special features of the school environment for maladjusted children that one would not find in many good ordinary schools. But where a school adopts a particular theory and follows it through rigorously, as with the two schools described above, then we can certainly say there are some special things happening. I find it useful to characterize them as 'formalizations'. There has been a breakdown of social relationships in a normal setting where things occur spontaneously, and the response is to formalize those relationships, to plan them. There are regular psychotherapy sessions, or perhaps counselling in which the roles of 'therapist' and 'child' are much more clearly defined, and in which the relationship is not the background of the discussion, but its subject. In the case of the token economy described above, the rules of the game are very clearly laid down—much more so than normal. Much less is left to tacit understanding and agreement.

3.13 The problem is that it is only in the confines of institutions like schools that such formalized environments can be maintained, yet their aim is to alter the child's actions outside that situation. One study by Quay, Glavin, Annesley and Werry (1972) investigated this issue with ten-year-old children who attended, part-time, a 'resource room', which was organized as a token economy, and emphasized basic skills teaching. After six months they found that inside the resource room children were working at set tasks for much longer periods of time than hitherto, whereas in the ordinary classroom they had not improved. When they were followed up two to three years later, Glavin (1973) failed to find any improvement compared to similar children who had not been to the resource room. Not surprisingly, Glavin concluded that 'the data provide another demonstration that conditions in the regular class must be changed to support behaviour learned in the resource room'.

The subjects taught

3.14 But what about subject teaching? Are children in schools for the maladjusted taught different subjects, or is the balance of subjects different? Again, there is a rather general rhetoric surrounding the area, but facts are harder to establish. In their survey of special schools, Wilson and Evans asked about the proportion of time spent on different subject areas and came up with the averages shown in Table 1.

Table 1 Allocation of school time in special schools for the maladjusted.

Subject area	Average time %
Fundamental skills (reading, maths, writing)	39
Creative arts	15
Humanities (literature, history, moral education)	13
Physical education and allied subjects	12
Handicraft	8
Sciences	7
Others	6

Source: Wilson and Evans, 1980, p.133.

3.15 Curiously, they never mention whether there are differences between the curricula for primary- and secondary-aged pupils. It is very difficult to get a direct comparison with normal schools because each study uses its own slightly different way of grouping subjects and means of measuring time allocation. Table 2 shows the figures produced by Galton, Simon and Croll (1980) from their study of junior school classrooms. These data present the proportions of time children spent on various activities over several weeks. Table 3 offers a secondary breakdown from the survey of secondary education conducted by HM Inspectorate in 1979, and gives the typical number of periods spent each week by first- to third-year pupils.

Table 2 Allocation of school time in primary schools.

Subject area	Average time %
Mathematics	28.5
Reading	4.4
Writing	21.2
Creative writing	2.0
Spoken English	8.5
Art and craft	10.9
General studies	24.4

Source: Galton, Simon and Croll, 1980, p.77.

Table 3 Allocation of school time in secondary schools.

Subject area	No of periods per week
English	5–7
Mathematics	5–7
RE	1–2
Physical education	3–4
History and geography	4–6
Sciences	4–6
Foreign languages	4–5

Source: DES, 1979, pp.19–20.

3.16 There are gaps in these figures: the junior data exclude any activities that took place outside the classroom, such as PE and games: the secondary survey says of the rest of the programme only that it 'included some of all of: art, music, a variety of craft subjects, careers education and drama'. If there is anything special about the subjects in the curriculum for maladjusted children, it is that rather more time seems to be spent on the arts and crafts, and rather less time on the humanities and languages. The major drawback of Wilson and Evans's figures is that we don't know how much time is actually spent on school work, but they hint that in residential schools at least, the school day is very short.

3.17 It appears that, if anything, the curriculum for maladjusted children is actually narrower than it is for other children, and this is as much the case in special classes attached to ordinary schools, where Wilson and Evans found that children's time was taken up largely with basic skills and creative and practical subjects. Some ordinary schools deliberately narrowed the curriculum in their special classes in the hope that children would learn more from intensive teaching of basic skills. The curriculum is also affected by the fact that a great many children who are placed in special education for emotional and behavioural problems are also retarded. This partly accounts for the emphasis placed on basic subjects, supported by the theory that reading in particular has to be taught directly and for greater amounts of time if children are behind. Strangely, though, Wilson and Evans found that only half the special schools had any specialist remedial provision and many were short of teachers trained in remedial work.

3.18 One of the stronger beliefs inherited from the early pioneers is the value of creative and expressive work, that emotionally disturbed children freed from the pressures of formal school work could use these subjects to work out their deep-seated problems and conflicts. In the DES pamphlet produced in 1965, and still the most up-to-date official pronouncement on the matter, the order of mention of subjects was: play, language, drama, art and craft, animals, gardening, music, and physical education followed in the last few paragraphs by 'other subjects, such as mathematics, history, geography, housecraft and handicraft'. Very much the same listing is provided by Laslett, who starts with counselling and play and talks about English only with reference to the need for remedial teaching of reading. The figures seem to bear the rhetoric out, particularly with secondary-aged children, but the trouble is that it all remains at the level of rhetoric. It sounds quite persuasive to say, as Wilson and Evans (1980) do, that 'many disturbed children have intra-psychic conflicts and suppressed anger or distress which might be better expressed in symbolic form than in neurotic symptoms or agressive behaviour', but no one provides any evidence to suggest that, if you give aggressive children paints and paper, they are either less likely to be violent, or eventually become 'readjusted'.

3.19 To summarize, we have a set of institutions whose ostensible aim is to 'readjust' their pupils to normal life. Their curriculum, on the not very strong evidence available, is rather restricted by comparison with normal schools; many schools adopt various means of 'formalizing' social relationships in an attempt to recover what they see as their pupils' lost ground, and all of them talk about a 'caring environment', the nature of which should characterize any good school. This is applied to a diverse group of children, some of whom are very withdrawn, some of whom are very violent (and it is worth

noting in passing that it is a significant feature of the curriculum for many children that these groups are often put together in the same school). Do we have any evidence that this curriculum actually works?

Does readjustment work?

3.20 In fact, we have little evidence, because there have been so few studies which evaluate provision for maladjusted children. One criterion for measuring schools' professed aims would be the number of children who returned to ordinary schools successfully. One study, by Margaret Clark (1978) of 14 schools and units in Scotland, found that of children who left, 18 per cent were of school-leaving age and left education altogether, 47 per cent went back to ordinary schools, and the remaining 35 per cent went to other schools or units for the maladjusted. These figures are difficult to interpret for a number of reasons. First, we don't know how children who returned to ordinary schools fared subsequently; secondly, we don't know why these children left: some may simply have moved to another region, others may have been in special school for only a short period, so there may still have been a large number of long-stay pupils. In another study conducted by Marie Roe in 1965 the figures are more pessimistic (ILEA, 1965). She followed the progress of children in five day special schools over two years, and found that 16 per cent of leavers went back to ordinary schools. Of these 24 children, 18 were coping reasonably well, but four had failed to cope.

3.21 Given the warnings above about interpreting such figures, the picture is not very optimistic, compared particularly with studies of disturbed children who received no special treatment and who recover spontaneously. For example, Shepherd, Oppenheim and Mitchell (1966) compared a group of children who were receiving treatment in a child guidance clinic with another group with comparable problems receiving no treatment. They found a very similar number in each group had significantly improved—around 60 per cent. A direct comparison cannot be made with children in special schools who are likely to be more troublesome or disturbed, but there are no studies which have compared the relative success of comparable children in ordinary and special schools.

Provision in ordinary schools

3.22 The greatest increase in the past ten years in provision for difficult children has not come in the form of special schools, but in the diverse manifestations of adjustment units, sanctuary units, special classes, disruptive units and so on. Why have these places been established? Are their aims the same as special schools? Could they be a better way to readjust troublesome and troubled children? (See Unit 1/2 for a discussion of disruptive units.)

3.23 John Chalk, the head of an ILEA junior school, described the sanctuary units that were established in the early 1970s in eight ILEA primary schools. These units allowed for the flexible, part-time attendance of children who were based in ordinary classrooms. These units differed slightly depending on whether they were attached to an infant or junior school, but according to Chalk, they all shared the following advantages:

> (a) The disturbing children in classes were better contained; (b) the purposeful work and atmosphere in the classes improved; (c) withdrawn pupils were able more speedily to take a fuller part in general classroom activities; (d) class teachers felt better supported, and young and inexperienced teachers especially valued it as another scheme in the school aimed at helping them in a practical way with problems; (e) the transition of year groups from infant to junior school was accomplished more smoothly with the unit's help available immediately for problem pupils.
>
> (Chalk, 1975, p. 20)

3.24 As I read this, I must confess to wondering whether the sanctuary was intended for the children, or whether it played a more important role in serving the teachers' needs: John Chalk puts containment of difficult children as the first benefit. He draws a distinction in many parts of his account between troublesome and withdrawn children; in his description of a junior unit he says it aimed to 'cater more effectively for the emotionally immature pupils who were potentially disruptive in class and secondly, to offer

specific help to severely withdrawn pupils'. Of the 25 children timetabled into this particular unit, only four were said to be withdrawn. Chalk's description points directly to the view that far from being there principally to meet the special needs of difficult children, these units existed mainly to provide relief for the rest of the school, although he does say that the units helped withdrawn children. Containment at junior school seems a counsel of despair.

3.25 Units in secondary schools grew up at around the same time. Neville Jones has described one such 'adjustment unit' in a Bristol comprehensive school, which was aimed at providing 'a system of support and counselling that will enable a child to continue to live at home and attend normal school' (Jones, 1973). The school was a large comprehensive of some 1800 children and the unit was a purpose-built annex to the main school, staffed by two teachers. Children attended full-time for an average nine months and were gradually moved back into ordinary classes, although throughout their stay they remained the responsibility of their class teacher. In this case it appears that a special facility available for a short term had some success in 'adjusting' children, and it may well have kept a number of children from formal referral for special education.

3.26 Neville Jones, in describing the Bristol scheme, says that any school-based programme for maladjusted children has to be essentially preventive. But is special provision, such as an adjustment unit, actually preventing problems? True, it may prevent children going to special schools, but does it prevent children having problems in the first place? So far we have only considered responses to problems that have already arisen, but could education do anything to prevent children being difficult in the first place? According to an educational psychologist working for the ILEA, schools bear the brunt of other people's troubles:

> Disruptive and violent behaviour in school usually represents displacement of the real source of friction from home to school. Sexton-Finck has indicated that schools are merely catalysts for family aggression, the child's antisocial behaviour being symptomatic reactions of adjusting personalities from inadequate, primitive or inconsistent family situations.
>
> (Evans, 1976, pp. 40–41)

3.27 This view is not shared by Rob Grunsell, who set up a small centre for persistent truants in inner London, evocatively described in his book *Absent from School*:

> In the struggle to explain truancy, classroom chaos and falling academic standards, much importance has been attached to home and social background as key factors in the problem. Relatively little attention has been given to analysis of the schools themselves, how far differences in school structures and teacher–pupil relationships may be vital determining factors. Eventually, I believe answers will have to be found *inside* the school. Concentration on the development of specialist off-site facilities for the various categories of normal school rejects may only serve, in the long term, to distract attention from the causes of educational breakdown that lie within the schools.
>
> (Grunsell, 1980).

3.28 But how could we begin to investigate this issue? We could ask first whether schools differ in the proportion of difficult children they have. The answer is certainly yes, but this is hardly a good test of a theory that schools are responsible for producing difficult children, because some schools are in areas with more problems and have a more difficult intake. But there are now some studies which have managed to examine schools with comparable intakes or take differences in intake into account in analysing the results.

3.29 Dennis Gath and his colleagues (1977) looked at all the schools in the London borough of Croydon between 1962 and 1966 and recorded the number of children referred for child guidance and the number of children who were on probation. There were enormous differences: for example, child guidance rates for each primary school varied from none to 153 per 10,000 children, and probation rates in secondary schools ranged from none to 152 per 10,000 children. But perhaps differences are caused by something other than the school. It might be, for instance, that some schools tended to refer children for child guidance rather more freely than others. Gath argued that if this was so, you would expect to find high referring schools with a smaller proportion of children referred by agencies outside the school, such as GPs. But this did not happen.

3.30 Gath and his colleagues also had measures of child guidance and probation rates for the different electoral wards in the borough so that they could ask whether school differences could be attributed only to these neighbourhood differences. They found no relationship between school and catchment area child guidance rates and only a small relationship for probation rates—one not large enough to explain the differences between schools. Although neighbourhoods were quite different in both measures, schools were exerting an independent effect.

3.31 But to what are we to attribute these differences between schools? Is it that some schools have fewer resources and staff than others, is it that some provide a more stimulating curriculum, or perhaps that some actually provide a 'caring environment'? After lengthy deliberation, the Pack Committee, which reported in 1977 on truancy and indiscipline in schools in Scotland, concluded it was not enough just to provide more units for disruptive children—a more fundamental look at ordinary schools was in order:

> We ourselves are in no doubt that a clear relationship exists between the provision for a pupil and his attitude to the school, and this view was strongly held by most of those who submitted evidence to us . . . We are in favour of a reappraisal of the whole curriculum, at least for the compulsory term of secondary education, with a view to providing some differentiation of content for particular pupils . . . The most common 'symptoms' used in connection with the curriculum were 'boredom' and 'irrelevance'. In the evidence we considered, school organisation was criticized because of timetable rigidity, the adoption of mixed ability groups and the introduction of the common course . . . There were virtually no constructive suggestions for improving the situation except 'curricular reform' . . . One of the most important things to have emerged from our consideration of the Evidence is the fact that curriculum content and approach still fail to satisfy the needs of many of the pupils involved.
>
> (Scottish Education Department, 1977, p. 76)

3.32 The possibility that boredom with school might have something to do with being troublesome is something that W. P. Robinson (1975) has investigated. He devised a 'bore score' which was the percentage of all subjects studied that were said by a pupil to be boring; he obtained bore scores for nearly 5000 thirteen to sixteen year olds. He then compared pupils who said they were bored with more than 30 per cent of their subjects with those who were bored with 10 per cent or less. He found that bored pupils tended to be more aggressive, to truant more often, to want to leave school as soon as possible, to be more hostile to the school, and to believe their teachers were less interested in them, among many other differences. Robinson's conclusion was that boredom can be prevented by showing pupils that what is being taught is valuable and useful, and by changing it if it isn't. As one boy in a school for the maladjusted said to me, 'You ever had to find x?', to which I was forced to reply that outside school I never had.

3.33 How much you agree with Robinson may well depend on how close you are to having to cope with difficult children. The teachers in Rob Grunsell's school for persistent truants got their come-uppance when one of them decided to be relevant and give a lesson on football violence, to which the response was, 'What's the point in talking about it? We know already. If you don't then you go to the game on Saturday. Now tell us something we don't know'. The next lesson about the moon provoked an hour's worth of attention and interest.

3.34 It isn't only what is taught that may help to prevent children being troublesome. Michael Rutter argues that the most important feature of a school that determines its success in preventing trouble is its 'ethos' (although he never actually studied the impact of the curriculum). His study, reported in a book called *Fifteen Thousand Hours* (Rutter *et al.*, 1979), sparked off one of the more acrimonious debates in educational circles in recent years. It has been criticised on a number of counts; nevertheless it provides the most thorough study to date of the relationship between what happens inside schools and pupils' behaviour. Rutter and his colleagues measured the behaviour of pupils in twelve secondary schools in inner London with a variety of observations and questionnaires to pupils. From these results they constructed an overall index of pupil behaviour in each school. High scoring schools tended to have fewer children getting late to lessons, being disruptive, damaging school property, and more children in the correct uniform, engaged in work during lessons. They then related these scores for each school to a

number of measures of the resources and administration of the school and many features of the schools' approach to teaching. They found that behaviour scores were not very closely related to how pupils had behaved in their primary schools, so they seemed to be caused by something in the secondary schools themselves.

3.35 Behaviour scores were not related to the physical features of the schools, such as their size, the age of the buildings or the average class size, but they *were* related to many of the measures of the social life of the school. For example, schools with higher behaviour scores tended to have teachers who spent more time in lessons talking about the topic of the lesson and less time talking about the behaviour of the pupils; fewer lessons that ended early; teachers who praised pupils often for their work; classrooms that were cared for and decorated; and they expected pupils to take responsibility for their own things.

3.36 The evidence suggests that there are some schools that seem able to keep the numbers of troublesome children down, and so probably manage to avoid children going to schools and units for the maladjusted. But it has to be said that direct evidence of effects on referral rates is simply not available. How far the curriculum and the 'ethos' of ordinary schools can protect children from special placement is going to need much more study.

Conclusions

3.37 Before concluding this section I want to make three general points. The first concerns what Daniel Duke (1978) has called the 'depersonalization of blame'. Duke argues that the history of theories about children's misbehaviour has seen the responsibility gradually shifted away from the individual to wider and wider social processes: the family, then the school, then the neighbourhood, and, for many people, the class structure of our society. What worries Duke is that in doing this we may be ignoring or denying the fact that individual children do actually have a choice in what they do, and it is very difficult for the teacher in the classroom, faced not with the class structure of capitalist society, but with one nasty child, to believe anything else than that the child is acting of his own free will. Perhaps, paradoxically, if children felt they were more in control of their own activities, and if they really were, then some problems might not arise.

3.38 Second, all that I have said so far would not commend itself to some people who argue that, far from the difficulty being in children's failure to adjust to a reasonable normal world, it is the world which is unreasonable and wrong, and the children who are rational and right. Laurence Demarco, a youth and community worker on the Pack Committee, did not sign the report and submitted his own minority conclusions. He said:

> The central ethos—the hidden curriculum—of a typical educational institution in this country tends to be informed and sustained by a . . . view which seeks to train children in mindless acquiescence to any authority whether it be rational or not . . . Children who keep away from such experiences, or who behave disruptively in relation to them cannot be assumed to be disturbed or delinquent. To refuse to acquiesce to what is subjectively experienced as a damaging influence will always be a legitimate human response often requiring great personal integrity and courage.
>
> (Scottish Education Department, 1977, pp. 130–1)

3.39 Rutter has not escaped criticism of the same kind. For example Hargreaves (1980) attacked him for propping up an education system that encourages conformity and for making modest innovations towards increasing democracy more difficult. Working out the detail of such an argument would be very complicated. Let me simply pose the following problems. Can an institution at which attendance is compulsory be democratic? If by increasing democracy we mean giving pupils more control over their own activities in school, what would this actually amount to? How much control should pupils exercise? Would attempts to give pupils more control actually lead them to exercise that control democratically? And most important, would schools have fewer problems if children had more control over them? However, practically, the chances of making schools less authoritarian and conformist do not seem very high, and if it is possible to help them to

avoid causing troublesome children, or at least avoid helping children to be troublesome and then rejecting them, then the effort would seem well spent.

3.40 Third, it would be very romantic to assume that there are not some very unpleasant children in schools who succeed in making life hell for many teachers (just as there are some unpleasant teachers making life hell for children). For the present it may well be a pragmatic necessity simply to contain the children for the sake of the rest (but why, then, not the teachers as well?). If this happens, I see little point in covering it with fine phrases about 'not being able to meet their very special needs in this school', and absolutely no point in removing them without asking how they got like that in the first place.

Reading Now read 'Steven: life in a residential school for maladjusted boys' (Case study 35).

Activity 2 (a) What are the differences between ordinary curricula and special curricula for maladjusted children? To what extent do these differences meet the long-term needs of the children?

(b) To what extent is the need for schools for difficult or maladjusted children promoted by the organization and curriculum of ordinary schools?

Comment (a) The most important conclusion from this section is that one must not assume that curricula in special schools always meet the needs of the children. Of the two aspects of special curricula in schools for the maladjusted I have looked at, subject-teaching is not very different, but where it does differ, it is often narrower, and specialist facilities such as remedial teachers are less readily available. But the thing that distinguishes schools for the maladjusted is their claim to provide a therapeutic environment. The environment in some of these schools is very far from therapeutic, as the case of Steven shows, but where the setting is carefully designed and controlled, the problem arises of how children will react on returning to normal schools.

(b) In investigating the nature of the special 'ethos' of schools for the maladjusted, we found that their aims and methods were those which any good school should have. We then found evidence that ordinary schools vary in how far they create, or at least manage to prevent, troublesome children. There is strong evidence that schools for the maladjusted are a response to curricular and organizational problems in ordinary schools.

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4 *Learning difficulties*

4.1 Which children have learning difficulties? If you knew nothing about special education you'd probably be baffled by the question, and answer something like 'all of them, at some time; it depends what they're learning'. I frequently have learning difficulties when I'm reading in a new area, and I had dreadful problems with O level chemistry, but I wasn't put in the remedial stream. So let's be clear first of all that we are talking about children who have difficulties learning particular subjects *and* fail to learn them when expected. In particular, they are children who are slow to learn to read, or who never do, and who often have as many problems with mathematics. 'Children with learning difficulties' generally don't have difficulties until they get to school, and the vast majority of them are referred for special education after they have spent some time in school. It is only after they confront this particular environment that they begin to cause problems. As in the last section, I shall need to say something both about the education the children receive in special institutions and about the environment that they can't cope with in the first place.

4.2 With this group of children more than any other, the attempt to divide them into those who should go to special schools and those who should receive remedial teaching of various forms in ordinary schools is forlorn. Whether a child finds his way into a special school or into a remedial department is very much to do with where he lives, the

school he goes to and which professionals he sees. In the set reading in Unit 7, Sally Tomlinson illustrates in more detail the fickle nature of this process. The Warnock Report tried to get away from arbitrary categories when they argued there was a continuum of special educational needs; they said the distinction between remedial and special education could no longer be maintained. Nevertheless in the chapter on the curriculum they felt compelled to make a distinction between 'mild' and 'moderate' learning difficulties. How did they do this?

> Children with mild learning difficulties, as we have described them, are those for whom remedial services and remedial teachers in ordinary schools usually have responsibility at present . . .
>
> Children with moderate learning difficulties is the term which we propose should be used to describe those children currently described as ESN(M).
>
> (DES, 1978, p. 219, paras 11.49 and 11.51).

You might consider how much of a real change this represents.

4.3 When it came to outlining the kind of curriculum such children ought to receive, the report was less than enlightening. The only points of substance to be gleaned are the committee's belief that children with mild learning difficulties can be helped to follow the normal curriculum in many cases, and those with moderate learning difficulties do not appear to be getting a very good curriculum: 'examples of good practice were not common and much work seen was narrowly conceived and poorly planned'.

4.4 What does happen in special schools for ESN(M) children? Do they do anything weird and wonderful that could be called a special curriculum? We have to fall back on descriptions of individual schools to answer this question, since there has been no sufficiently thorough survey of the area. Mel Ainscow and David Tweddle (1979) describe how one ESN(M) school devised a curriculum. They divide the curriculum into two areas called the 'open' and 'closed' curricula. In their closed curriculum, they include anything 'that was to be regarded as essential learning for all the children in the school; essential that is, in terms of two possible long-term goals—integration into mainstream education or assimilation into adult society at school leaving age . . .' (p. 152). This covers different areas for the junior and senior sections of the school. For the juniors the major content areas are arithmetic, gross motor development, handwriting, language, reading, and social competence. In the senior section, for children from 11–16, the emphasis is less on basic subjects and more on 'living skills'. The content areas are language development, maths, home-making, health and hygiene, do-it-yourself, vocational knowledge and social knowledge.

4.5 This part of the curriculum is specified in very great detail in enormous lists of precise behavioural objectives comprising 66 separate programmes. One such programme for the beginnings of reading is shown in Figure 4. Detailed specification of what the child has to do is not limited to basic subjects; for example, here is a list of four objectives in the social knowledge programme:

(1) Names the four countries which comprise the United Kingdom.
(2) Names the capital city of England.
(3) Names the principal members of the Royal Family.
(4) Names the three main political parties.

4.6 The open curriculum is less of a catechism, indeed Ainscow and Tweddle devote only half a dozen pages to it in a book of some 200 pages. They describe it like this:

> The danger of focusing so much attention on a limited area of curriculum within a special school is that the overall educational programme becomes too restricted. The authors know of special schools where quite excellent work goes on in teaching of basic subjects but where little attention is given to wider aspects of curriculum. It is very dangerous, if not undemocratic, for children to be placed in a special school in order that positive discrimination can be provided and then for educational opportunities to be actually limited by their presence in such a school.
>
> Ideally, lessons can be prepared in which attention can be given to skills and knowledge from the closed curriculum through the enrichment experiences defined within what is called the open curriculum.

To take an example, language development, in addition to being taught directly through regular group work, can be dealt with incidentally in such lessons as drama, art, or physical education . . .

Educational visits and field trips can provide plentiful opportunity for practising and generalizing skills and knowledge . . .

In the senior part of the closed curriculum, many of the objectives, particularly in content areas such as social knowledge and vocational knowledge, are concerned with isolated items of knowledge . . . Let us take as an example, three related objectives from the social knowledge area;

(1) Names the two principal Christian denominations and states own denomination;

(2) Names two agents who perform the marriage ceremony;

(3) States the practical functions of the Church (i.e. christenings, weddings, funerals).

In dealing with these objectives a series of lessons could be designed in which far broader aspects of the role of the church in society would be covered . . . Traditional subject headings, such as health education, moral and religious education and science, have been used and an attempt has been made to layout in a syllabus format, class by class, how these subjects should be developed . . . (Ainscow and Tweddle, 1979, pp. 167–70).

READING 1 DISCRIMINATING WORDS (AUDITORY)

Goal: To teach the auditory discrimination of similar sounding words.

It is important that the child who is about to learn to read has developed an ability to discriminate between similar sounding words. Teachers must, of course, be on the look-out for children who have a hearing loss and in such cases arrange an audiometric examination. This programme can be used to develop efficient discrimination of simple consonant-vowel-consonant words of the type normally found in early reading books. It should be used at the same time as providing instruction in visual discrimination.

(1) Discriminates between 2 spoken words which differ grossly, by saying *same* or *different*,
e.g. cat–horse, ball–ball, hat–piano;

(2) Discriminates between 2 spoken words which differ by initial consonants only, by saying *same* or *different*,
e.g. bat–cat, red–bed, tin–tin;

(3) Discriminates between 2 spoken words which differ by final consonants only, by saying *same* or *different*,
e.g. tub–tug, pen–pen, sad–sat;

(4) Discriminates between 2 spoken words which differ by medial vowels only, by saying *same* or *different*,
e.g. bag–big, tan–ten, not–not;

(5) Recognizes a sound in a series of words, where the given sound is an initial consonant,
e.g. 'Raise your hand when you hear a word that starts with b – sat, mat, bat';

(6) Recognizes a sound in a series of words, where the given sound is a final consonant;

(7) Recognizes a sound in a series of words, where the given sound is a medial vowel;

(8) Given a sound, provides words that begin with that sound,
e.g. 'Tell me words that begin with t';

(9) Given a series of rhyming words, supplies new words,
e.g. 'cat, bat, sat, _____, _____'.

Figure 4 A programme based on behavioural objectives.
Source: Ainscow and Tweddle, 1979, p. 91.

4.7 What marks this off as a special curriculum? The features I can identify are:

(a) The use of precise objectives throughout the school, but only applied to the closed curriculum. Ainscow and Tweddle argue, with many others, that these objectives are a vital part of teaching slow learners. I shall be examining this claim below.

(b) Many things are taught that would not normally be part of the core of a school curriculum, such as home-making and do-it-yourself. These things in normal schools are regarded as much more peripheral.

(c) Many things are *formalized* in this curriculum: few things are left to chance and vicarious learning. You will recall I introduced this idea in the last section. Again, how far this formalization of teaching aids or hinders children I shall discuss below.

(d) Another aspect of this formalization is that many skills are taken out of their social context and taught separately, only to be reintroduced into that context. So children first learn facts about religion and then get a chance to discover why they should learn them. (This may not be very different from many normal schools, but it is a distinctive part of this curriculum.)

(e) Beyond these specific points, the most important thing to notice is that, particularly for the junior section, the subjects are very much the same as in ordinary schools, but children are taught things that much younger children in normal schools would be learning.

4.8 The concentration on the teaching of basic subjects is a mark not only of ESN(M) schools, but of work in most remedial departments. It is not entirely surprising, since the ability to read, write and compute is still a passport to much of the rest of education, and it is what most children in ESN(M) schools and remedial departments fail at. Often the response is to search for special methods of teaching, since normal methods don't seem to be working. In many areas this special help is not provided by the class teacher, but by a remedial service after it has become apparent that two years of teaching haven't worked and as the child enters junior school unable to read. The possibility that it is the approach to reading that a school adopts that is failing many children and that needs rethinking is not often considered.

Diagnostic teaching

4.9 One method of dealing with children who are slow to read that has become popular in both special schools and remedial services is known as 'diagnostic teaching', or sometimes 'diagnostic-prescriptive teaching'. It depends on the belief that children who fail to read have some particular deficits or difficulties in how they see and handle words; these deficits are responsible for reading failure and need to be put right. The approach is very popular in the US, where many children are categorized as 'learning disabled'. (We would say they have 'specific learning difficulties'.) Diagnostic teaching is typified in this statement by Sylvia Farnham-Diggory in a well-known book on the subject, 'Something unknown is wrong with the learning capacities of a substantial proportion of our population. We will not know exactly what to do about this until we understand exactly what is wrong' (Farnham-Diggory, 1978, p. 20).

4.10 One of the better known tools for diagnostic teaching in this country is the *Illinois Test of Psycholinguistic Abilities* (ITPA) (Kirk, McCarthy and Kirk, 1968). This is a test which contains 13 sub-tests, which purport to measure 'sub-skills' such as 'visual sequential memory', 'auditory association' and 'sound blending'. In the first of these three sub-tests, children are shown a line of abstract geometric forms which is then removed and they must reconstruct the line from a pile of symbols; in the second they have to complete sentences, such as 'cotton is soft, stones are . . . (hard)'; and in the third they have to listen to the tester speaking sounds at short intervals, such as 'f-u-n', and then say the word the sounds make when blended. The test produces a profile of scores from the sub-tests, and the next step is to provide teaching exercises designed to raise the level of the low scores. A typical set of activities designed to develop 'visual sequencing' is provided by Frostig and Maslow (1973). It includes 'copying sequences of beads and marbles; reproducing sequences from memory; copying and reproducing two-dimensional patterns; solving mazes; copying arithmetic problems from a board; spelling'.

4.11 This identification and training of fundamental psychological processes looks very appealing, as if we're getting right to the heart of the problem. Unfortunately it doesn't work. Although this kind of 'psycholinguistic training' does marginally improve children's scores on the ITPA, it does nothing for their reading. Hammill and Larsen (1974) reviewed 38 studies of the effects of psycholinguistic training and failed to find any clear effect on reading levels. Perhaps even more troublesome for the ITPA is the discovery that scores on the test don't distinguish good and poor readers, as Newcomer and Hammill (1975) discovered when they surveyed some 40 studies.

4.12 ITPA is not the only test used for diagnostic teaching, nor is it the only example of the failure of such tests to help with reading problems. Another well-known test is the *Frostig Developmental Test of Visual Perception* (Frostig, Lefever and Whittlesey, 1964). This test is supposed to measure five 'visual-perceptual functions', such as the ability to distinguish figures from their background, and the ability to coordinate eye and hand. The ways these are tested are illustrated in Figure 5. Frostig provides a long list of activities which are designed to develop these skills. For example, figure–ground discrimination is apparently helped by sorting objects and finding particular buttons in a button box.

4.13 But, like the ITPA's, the Frostig test results don't discriminate between good and poor readers beyond the age of five, and training visual perceptual skills does not improve reading scores (Hammill and Wiederholt, 1973).

4.14 In a very thorough review of these and a number of other similar tests, Gerald Coles (1978) failed to find any evidence that diagnostic tests helped either to sort out children who were failing to learn to read or to lead to teaching that helped them to read.

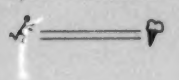
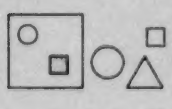
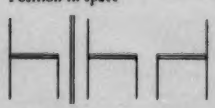
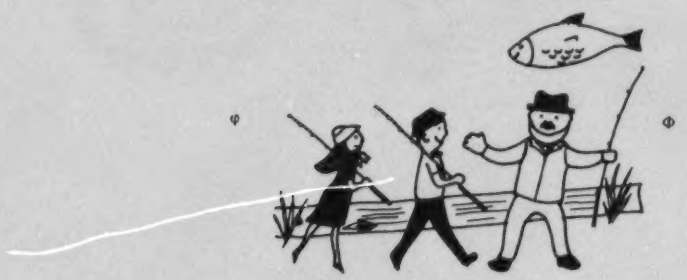
Subtest Name	Example	Some Functions Covered	Some Suggested Training Procedures
Eye-motor coordination 	Draw straight lines horizontally. Stop and start on target.	Eye-hand coordination. Necessary for handwriting, drawing, arts and crafts, manipulatory and self-help activities.	Eye-movement training. Arts and crafts. Manipulatory exercises. Handwriting exercises. Physical education program.
Figure-ground	Find a hidden figure. Find one of two or several intersecting figures.	Ability to focus visually on relevant aspects of visual field and disregard irrelevant background.	"Finding" games; e.g., hidden figures included in many children's activity books. Sorting exercises. Unscrambling intersecting words such as
Form constancy 	Find all the squares on a page regardless of color, background, tilt, size.	Ability to see sameness of essential form despite changes of image on retina. Has implication for learning to identify letters presented in various printing styles.	Identifying objects or drawings at different distances or angles. Drawing diagrams of three-dimensional patterns. Finding all objects of a certain shape in the room.
Position in space 	Find the form that is reversed or rotated.	Ability to discriminate position; to differentiate letters such as "d" and "b", "w" and "m".	Exercises promoting awareness of body position in relation to objects —go under the table, over chair, around the desk, and so on. Physical education program. Learning directions in space: right, left.
Spatial relations	Duplicate a dot pattern by linking dots with a line.	Ability to see spatial relationships of objects to one another; related to ability to perceive the sequence of letters in a word.	Copying patterns with pegs, beads, marbles; puzzles.

Figure 5 Frostig Developmental Test of Visual Perception (brief summary).
Source: Frostig and Maslow, 1973, pp. 126–7.

Why is this ? Superficially, many of these sub-skills look as if they are involved in reading, and it seems a reasonable suggestion that a child who had problems seeing some figures clearly might have difficulties making sense of print. To answer this we need to discuss why children find reading difficult in the first place.

4.15 To give you some idea of the problem that a child faces, have a look at Figure 6. It's not Greek, but English written with Greek letters. Peter Wilson (1980) gave it to groups of teachers on an in-service training course and asked them to work out what it meant. Their responses and struggles showed that they grabbed at any piece of information they could—consistencies within words, the pictures on the page—and they made guesses based on all this information. Reading for these adults is not just a matter of deciphering the text on its own—they used all their available knowledge and information to make sense. So do children, but the knowledge available to them is very different. Margaret Donaldson (1978) argues that the nature of children's understanding of language before they begin to read is very different from ours. They are, she argues, often unaware of language as a separate system that can exist outside social settings. Through a number of elegant studies she has shown that pre-school children do not so much interpret the language they hear, but the whole situation it occurs in. In one of these studies children were given a task known as a conservation problem. They were shown two rows of counters spaced out in one-to-one correspondence and asked whether there were more in one row than the other, or the same number. The experimenter then lengthened one row without adding any counters, and asked the same question. Children up to the age of about seven typically say that the longer row has more counters, even though they



Γωδνιη αντ Γεννιφερ οεντ φισδιγγ

οιƨ Γραντ τφαƨερ

Γωδνιη αντ Γεννιφερ γυμπεντ ωβερ α τρηη

Figure 6 Why reading is difficult: English using Greek orthography.

1 Johnny and Jennifer went fishing with grandfather.
2 Johnny and Jennifer jumped over a tree.
Source: Wilson, 1980.

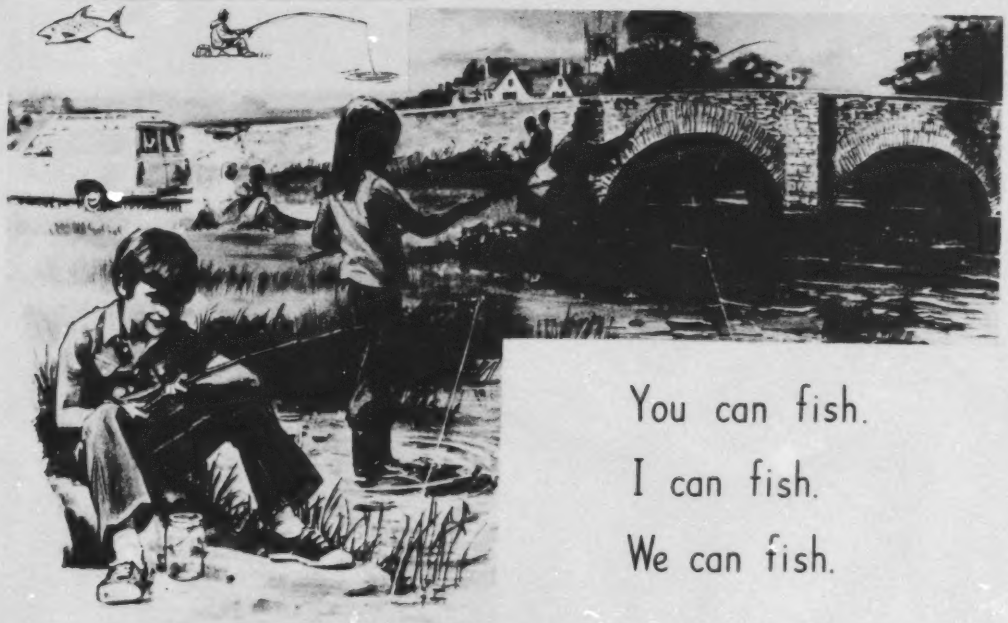
get the first question right. Margaret Donaldson and James McGarrigle (1974) changed the situation a little: instead of the experimenter changing the rows, a puppet known as 'Naughty Teddy', apparently intent on messing things up, did the job. In this situation many of the children didn't make their previous mistake. Donaldson believes this is because the way children interpret the meaning of the situation does not allow them to be 'objective' about language. They do not respond just to what is said, but to what is done as well. For them language is part of a context—it is *embedded*, but to respond to problems like this they have to learn to separate the language they hear from the rest of the situation. Margaret Donaldson calls this 'disembedded' language. Reading is a disembedded activity for most children. The language in books is not used to get things done or to be nice to people or to ask questions, it is there on its own to be read. Children have to think and talk *about* language: they must learn that words can be parted from the things they refer to, that language can have an independent, abstract existence.

4.16 Now look at the kind of question children are asked in the auditory association sub-test of the ITPA: 'cotton is soft; stones are . . . ?' For a child who does not understand that language can stand apart from its context, such an abstract and arbitrary problem will be quite baffling, and by asking children such questions we go out of our way to make life difficult for them. What about the 'visual processing deficit' attributed to many slow learning children? Does this mean they can't tell apples from oranges? Or they can't remember the way from home to school? Indeed not, it means something much more precise: they have great difficulty coping with abstract marks on paper which do not serve any social function. If Margaret Donaldson is right, the solution is not to give children more abstract, arbitrary problems to solve, but to give reading a purpose and a relationship to children's everyday social world. Far from 'psychological processes and sub-skills' being the foundation of reading, it may be that reading offers children their first real experience of the abstract skills tested by ITPA and the Frostig test.

4.17 When children are suddenly confronted with strange marks on a page, which they may not connect at all with what they say, it is scarcely surprising they are baffled. The more that reading is removed from everyday language and the uses that children make of language the more difficult it will be. Donaldson believes it is vital to capitalize on children's existing skills. The language they meet in books needs to resemble the kind of language they use. Yet in the commonest reading scheme in use in primary schools today, *Ladybird*, we find work like that illustrated in Figure 7. If it seems devoid of meaning to you, remember you know why these words were written in the first place; children don't.

4.18 What is so surprising is that it is very often the children who have difficulty in reading to begin with that end up with even more abstract, meaningless exercises to do. This particular curriculum formalization that happens in special and remedial provision may turn out to be very counter-productive. Not only do many slow learners have to cope with *more* of these difficulties than more successful readers, but they have to do so for a lot longer; so the eventual pleasures of reading—discovering new things, enjoying literature—are postponed in some cases indefinitely. As one 12-year-old Canadian slow learner said: 'When are we gonna' stop readin' *reading* and start readin' *something*?' (Weber, 1978). This argument leads me to question the whole basis on which many curricula for slow learners are constructed—the division between basic subjects and 'the rest', as illustrated by Ainscow and Tweddle. If reading normally has a purpose, and no one reads *just* in order to read, why expect children who find reading difficult to do more of this?

4.19 I suspect one trend that will actually militate against this is the use of behavioural objectives. It is theoretically possible that reading objectives could be specified which took into account the individual capabilities and interests of each child, but practically it is not likely. What tends to happen is that a checklist like Ainscow and Tweddle's is produced; this is usually an *abstracted* version of the skills to be taught. Left out from such lists is the social context in which the skill is taught. So one might find an objective like 'reads simple words from a flash card', but this never makes clear *which* words and why they are to be read. As we saw earlier, the tendency to formalize learning can lead to a distortion of its normal functioning.



You can fish.
I can fish.
We can fish.

can fish

Yes, says Jane. Yes,
I can jump this.
I want to jump.
Look, Peter, look.
I can jump this.

Yes yes

Figure 7 *Pages from the* Ladybird *series of reading books; what might this mean to a five or six-year-old non-reader ?*

Integrating ESN(M) children

4.20 Children go to ESN(M) schools because they don't come up to the required standard in ordinary schools. Once they are in a special school the curriculum is often not very different from ordinary schools. There is some evidence that in many ESN(M) schools children receive a more limited curriculum, and there is certainly nothing in ESN(M) schools that has to take place in a separate building. A number of areas now provide for ESN(M) children in ordinary schools. Jean Garnett describes the growth of one scheme in secondary schools in Bicester in the following reading.

Reading Now read 'Some aspects of special education in Oxfordshire: innovation and change', pp. 425–8 (Case study 52).

4.21 There are a number of interesting points that emerge from this account. First, the siting of a unit in an ordinary school does not guarantee any contact, educational or social, between unit and school. Seamus Hegarty and Keith Pocklington (1981) describe one LEA which placed ESN(M) children in units attached to ordinary schools. These units had been hurriedly put up to meet a pressing demand of children moving up from primary special schools and were housed in temporary classrooms in the grounds of secondary schools. Some of them were the size of separate special schools, catering for as many as 100 pupils, and the scheme was clearly not working well, having been poorly planned. The units made little use of subject specialists in the main school, and only in isolated cases did unit children spend time in main-school lessons. One unit had started providing only basic subjects; its children were integrated for the rest of the timetable. This stopped after a few months when main-school staff complained they couldn't cope. At another unit there was no integration at all, and the unit even had difficulties using the main school's facilities: 'We can only use them when they don't need them.'

4.22 The second point is that this unsatisfactory situation need not happen. In the case of the Bicester school, it was the willingness of the main-school staff to integrate that provided the key which led to a new physical location for the unit and to the dissolution of the distinction between the remedial and ESN(M) groups. The principal advantage of the arrangement is the flexibility it affords to adapt to a range of children in a variety of ways. Finally, notice the way the attitudes of the children in the main school changed when the unit moved into the centre of the school. Children can obviously be nasty, but it was within the school's power to do something about this.

Remedial education

Reading You should now read 'Whose remedies, whose ills? A critical review of remedial education' by Golby and Gulliver (Reading 3.4 in the Reader). As you read it bear in mind the following questions; I shall discuss them below.

(a) What do the authors see as the principal reasons for the existence and character of remedial education?

(b) How can their arguments about the effects of the changing curriculum in remedial education be reconciled with the arguments advanced in Unit 1/2 that segregation of slow learners has increased?

(c) What is the principal means by which they suggest slow-learning children will be coped with in ordinary classrooms?

4.23 Golby and Gulliver argue that changes in the secondary school curriculum and organization have already had an impact on remedial education: special classes, as part of the streaming system, have largely been abandoned. We should first establish whether this is the case. It is true that if you look just at remedial organization in secondary schools, a relatively small number of schools have *only* separate classes. You'll see this from Table 6, although one of these authorities has more than one-third of its schools organized this way. In fact we can't tell from this table how separate these classes are; although they are separate registration groups they may be integrated for several subjects.

Table 4 Comparison of remedial provision in three Welsh counties.

Type of organization	Clwyd	West Glamorgan	Gwent
	%	%	%
Separate remedial classes and part-time extraction from ordinary classes	54	83	59
Separate remedial classes only	14	13	37
Part-time extraction from ordinary classes only	32	4	4

Sourse: Athey, 1978, p.124.

4.24 However, to restrict our view only to classes called 'remedial' is to miss one possible explanation for the apparent conflict with the theory advanced in Unit 1/2. What if we look at both classes for ESN(M) children and 'remedial' classes? Where has the new clientele for ESN(M) classes come from? What may have happened is that children who would once have been put in a remedial department are now being put in classes and units for ESN(M) children. This leaves more competent children who can more readily be coped with by taking them out of ordinary classes for some lessons. Although this theory does not have any direct evidence in its support at present, everything seems to point to it. Far from remedial education becoming less of an ambulance service and more a kind of preventive medicine, for many children it may have changed its name to isolation ward!

4.25 The National Association for Remedial Education (NARE) is equally unhappy about what it sees as the out-dated view of remedial education as an ambulance service, and they have tried to redefine the functions of remedial teachers in a series of guidelines (NARE, 1977; 1978; 1979). They define remedial education as:

> . . . that part of education which is concerned with the prevention, investigation, and treatment of learning difficulties from whatever source they may emanate and which hinder the normal educational development of the child.
>
> (NARE, 1977)

4.26 On the surface this seems a much broader definition, not one based only on coaching in basic subjects. But it seems to me that this definition rests on the continuing 'ideology of pathology' that Golby and Gulliver refer to. The NARE guidelines go out of their way to emphasize the need for remedial education to become a preventive service. This is how NARE envisages the remedial teacher's future role:

> At present, many remedial teachers are concerned about the limited role foisted upon them by schools or LEAs who still envisage remedial education solely in terms of reading coaching. Remedial teachers should be in a position to exert greater influence on mainstream activity in schools.
>
> **The developing role of the remedial teacher**
>
> Ideally, the specialist remedial teacher should fulfil several functions:
>
> (a) *An assessment role*
> (i) The supervision and correct administration of standardized tests as part of a comprehensive screening procedure.
> (ii) The follow-up and diagnosis of specific learning difficulties in children who are identified as being 'at risk'.
>
> (b) *A prescriptive role*
> (i) The preparation and implementation of individualized programmes for children with particular learning difficulties.
> (ii) The preparation and implementation of school strategies in the basic subject areas.
> (iii) Costing such exercises and requisitioning accordingly.
>
> (c) *A teaching/therapeutic role*
> (i) Teaching individuals and groups where the nature of the problem makes it impossible for it to be contained within the normal classroom situation.
> (ii) Treating children with associated behavioural difficulties.
> (iii) Where appropriate, co-operating with other colleagues on a team-teaching basis.

(d) *A supportive role*
Advising colleagues on:
(i) appropriate grouping/setting procedures;
(ii) ideas and techniques for the whole range of children with special educational needs;
(iii) the range of materials and apparatus available;
(iv) remedial work 'across the curriculum'.

(e) *A liaison role*
Where appropriate, liaising with:
(i) support services, in particular the school psychological, school health, educational welfare and careers guidance services;
(ii) parents;
(iii) the community at large.

(NARE, 1979)

4.27 Prevention, to NARE, means first, finding children with problems early on, and second, working with other teachers to stop these problems getting any worse. In their eyes, the problems belong to *individuals*, as if they were lying in wait to be discovered, and had to be excised at the earliest opportunity if they were not to cause much greater trouble later. Yet problems of learning are not like this: they arise when children are given tasks they cannot do. Before that there *is* no problem: trying to prevent failure like this is rather like trying to predict how warm people will feel in summer by asking them how they feel in winter: it is the temperature of the air that makes the difference, not individual people's characteristics. Unit 14 will go into the early identification of 'at risk' children in some detail. What is missing from this specification of remedial work is any suggestion that prevention might consist of changing the education system. A medical analogy is useful here: during the nineteenth and early twentieth centuries the contribution doctors made to the general improvement of the health of the nation by means of individual treatment was negligible. Endemic diseases such as TB, typhoid and cholera were very nearly wiped out by improvements in drainage, water supply and changes in public attitudes to hygiene. This is not to say that if the curriculum changed tomorrow we would have no more slow learners (nor indeed do I believe it will change quickly), but to suggest that better teaching in better schools would have no effect is defeatist. Golby and Gulliver argue that schools have to adapt their curriculum to a wider range of individual differences. They assert that the 'ideology of pathology' is used to cover up a failure to teach people, because of schools' narrow definition of the acceptable range of ability: those children outside the range are said to be pathologically limited.

Reading Now read 'Towards a school policy for remedial provision' (Case study 44).

Comment (a) This remedial department has no separate classes; all its teaching is done by withdrawing children from lessons, or occasionally supporting children in lessons.

(b) There are two sections of this school that act as remedial departments. The 'City and Guilds' classes for fourth and fifth year pupils operate much more as a separate department, and the progress department has little connection with it.

(c) Despite the department's efforts to publicize its particular policy towards remedial provision, it still finds itself under pressure to relieve other teachers of problem children. This pressure has lead to separate provision for these children.

(d) The department aims to keep children in the ordinary curriculum as much as possible by specific help with reading and writing, but it has not caused the ordinary curriculum to adapt to meet a wider range of abilities.

(e) The image of remedial work the department tries to promote is one of help for those who want it. It has been partly successful in this: the sessions are not looked on as punitive or intended for school rejects.

(f) Despite the work done by progress department staff, other staff still feel the need for more liaison and information about what the department does. The difference between the activities means that ordinary staff cannot readily gear their work to support progress work, and there is a temptation not to devise individualized work at all.

(g) Nevertheless, this school is singular in the extent to which it does try to meet the needs of all its children in a positive manner.

Adapting the normal curriculum

4.28 There have been many recent attempts to adapt curricula to slow learners in the way Golby and Gulliver suggest, motivated by a wish to get away from a limited concentration on basic subjects. One such attempt was a revision of the Scottish integrated science course (Kellington and Mitchell, 1978). In the original version of this course, it was found that many children—up to one in five—couldn't follow instructions on worksheets and had difficulty with many concepts. The revision involved writing core worksheets to be done by all pupils, followed by optional worksheets differentiated for less able, average and able children. The worksheets for the slow learners allowed opportunities to repeat content in different ways based on the following objectives:

> . . . to develop their communication skills and to acquire some basic knowledge, understanding, practical skills and social skills which would be helpful in forming personal and social relationships. In addition it was considered important for them to acquire some skills and interests relevant to various leisure-time activities.
>
> (Kellington and Mitchell, 1978, p. 130)

4.29 These goals would not meet with universal approval. Gerald Haigh, in his entertaining book *Teaching Slow Learners* (1977), distils the most common features of adapted curricula and finds much to criticise. You will see that many of these features characterize the science curriculum just outlined:

> 1 Watering down. If you believe strongly in the worth of academic subjects, and yet you feel that slow learning children cannot fully cope with them, then you may be led to an attempt to simplify them. This you will do by,
>
> (a) Cutting out discursive and conceptual material, and concentrating upon concrete facts.
>
> (b) Leaning heavily upon anecdotes about people. If there are not enough real people, you will make them up, so that a lesson about the characteristics of the Arctic margin may become a story about a fictitious Eskimo boy who is, coincidentally, the same age as your pupils.
>
> (c) Simplifying the language.
>
> (d) relating the work to the visible and familiar, so that history becomes local history and geography becomes a study of the local environment.
>
> 2 Social relevance. This is usually found in work with the older non-academic child, and takes the form of social studies schemes dealing with work, leisure, pollution, family life and a variety of similar topics. The aim is to give the child the opportunity of studying topics which have a basis of familiarity and which will strike him as being useful.
>
> 3 Practicality. This is based upon a belief that less able children are interested in working with their hands. There may even be a feeling that their lack of brain power is somehow compensated for by extra manual dexterity . . .
>
> . . . The weaknesses are these:
>
> 1 'Watering down' does justice neither to the subject nor to the child. It results in distortion of emphasis, bending of the truth and a lack of any attempt to get to grips with what it really means to be a historian or a geographer. Tansley and Gulliford say, 'To segregate children and provide such a curriculum is a travesty of special educational treatment.'
>
> 2 'Social relevance' smacks of social control—of providing a curriculum for the workers. It confuses needs with transient interests and is often bewildering and confusing because it consists of a hotch-potch of arbitrarily chosen topics without any of the logical underpinning which characterises an academic subject.
>
> 3 'Practicality', too, smacks of political curriculum making and is often based upon the totally false premise that less able children are more interested in practical subjects—even more able at them.
>
> The whole lacks even the pragmatic justification of being more interesting to the child—as will be borne out by many young teachers who have had to struggle with fourth year social studies. The DES survey number 15 says, 'They bore easily; relevance in shape of the dull but useful does not save the day.'
>
> (Haigh, 1977, pp. 107–9)

4.30 Although I find Gerald Haigh's arguments very persuasive, I can also imagine despairing cries of 'What can we do, then?'. Haigh's answer is to emphasize children's emotional responses to material, and to use non-literary forms of presentation, such as film and drama. Two examples of this approach he offers are:

> 1 A middle school teacher, having read to his class that magnificent children's book *The Wierdstone of Brisingamen*, took them on a coach to the area in Cheshire which forms the story's background. Here, he sat with the children around him in the various locations and read the appropriate passages. The effect was quite magical, and certainly had more to do with the emotions than with the acquisition of factual knowledge.
>
> 2 A middle school teacher took his children to a place where a row of old houses were being knocked down. They looked among the ruins, and talked about what they found. The important thing was not that they found out lots of information about old houses, but that they entered into the experience of seeing the homes of generations of people being finally brought to an end.
>
> (Haigh, 1977, p. 112)

4.31 Other people have argued for a more radical approach to the whole curriculum. David Hargreaves (1980) believes the problem lies partly in the fact that comprehensive reorganization, originally intended to allow for the needs and interests of a much wider range of children, has failed to achieve this aim for two reasons. First, reorganization has only been partial, so that comprehensives, in their desire to prove themselves as successful as the remaining grammar schools, have retained the grammar school curriculum. Secondly, public concern about standards in education centres on the only identifiable and nationally accepted indices—exams. While schools are organized around getting children through exams, and while intellectual activity continues to be valued more highly than aesthetic, interpersonal, and practical activity, slow learners are doomed to fail. Not to be forgotten either is the fact that many comprehensives were and are directed and staffed by former grammar school teachers. Hargreaves' solutions to these problems are, first, to abolish all exams at 16+, and second, to make the secondary curriculum 'truly comprehensive. We must displace the cognitive-intellectual domain from its dominant position. This is not because I disapprove of it . . . But I believe it must take its rightful place as *part* of a curriculum that should be much more balanced (or comprehensive) in its content.' Such reforms might well mean that far fewer children were labelled as failures in school, and that school could become much more rewarding for many more children whose needs and interests would be accommodated. The problem is that schools don't hand out the rewards that matter in our society, nor do they determine what is valued. At the moment our society values mental activity far more than it values practical or aesthetic activity, and there are no signs that this is changing. If anything, the development of technology is contributing to the concentration of rewards to an elite whose skills are highly abstract and intellectual. If there is no manual labour, no one can take pride in it or value it.

4.32 So here is the dilemma: if we adapt the existing curriculum to suit the abilities of slow learners we may only reinforce their low status in school and society. If we radically alter the nature of the curriculum and play down intellectual activity we may simply let schools go adrift from much more powerful and pervasive forces in our society, and eventually fail even more children. Does the answer lie in Margaret Donaldson's attempt to bring children to terms with abstract thinking more successfully than we are doing at present?

Activity 3 The material in this section is relevant to all four themes I introduced in section 1. Again, make some notes in response to the following three questions using this material. I give my comments below.

(a) What distinguishes the special curriculum for slow-learning children, and what problems arise in providing this curriculum?

(b) In what ways do social values affect the education of slow-learning children?

(c) Who is responsible for the education of slow-learning children under the present system, and why does this pattern of responsibility exist?

Comment (a) Curricula for slow-learning children concentrate on basic skills, because they are essential for participation in the ordinary curriculum. But this can be done helpfully or unhelpfully. Diagnostic teaching presents children with more of the very tasks they find difficult. Margaret Donaldson and others have argued that there are ways of helping children to cope with abstract thinking, but her arguments apply to all children. Attempts to scale down the ordinary curriculum face problems of distorting knowledge, of making false assumptions about the interests of children, and segregating them from their achieving peers.

(b) We value and reward literary, mathematical and abstract thinking. We only value highly practical work and thinking in combination with these skills—as possessed by surgeons for example. The curriculum reflects these values and thereby helps to prevent slow-learning children from gaining access to an education that meets their interests and needs. Partly because of this, slow-learning children are moved out of ordinary classrooms into special classes or schools. Yet some attempts to meet slow-learning children's needs flexibly in ordinary schools have succeeded, but only when coupled with an ordinary curriculum and organization adapted to a wide range of interests and abilities.

(c) Slow-learning children are the largest group for whom ordinary schools do not accept responsibility. But why are they not accountable for these children—because they lack expertise and resources, or because they are not interested in them?

'It's young Hargreaves back to see us – he says the design we gave him for living doesn't appear to be working. . . .'

5 *Overcoming barriers*

Physical handicap

5.1 There are many children who are biologically impaired, and as a result their education is affected. In this section I shall concentrate on two groups of such children: those with impaired vision, and children with damaged bodies. For many such children, their education is affected by things that have nothing to do with education, and correspondingly, changes in their education are wrought by non-educational means. A good example is provided by boys with haemophilia. This condition affects men only: about one in 10,000. The absence of substances in the blood that form clots means that, in severe cases, slight grazes cause major blood loss. The biggest problem haemophilia causes is internal bleeding into joints which can lead to permanent crippling. Many haemophiliac boys have in the past been educated in special schools. Markova *et al.* (1980) found that they were mostly unhappy and dissatisfied with their lot, and felt alienated and stigmatized. Recent medical developments have allowed many people to inject themselves with plasma which helps control bleeding, and this has meant that many more haemophiliac children are now educated in ordinary schools.

5.2 However, medical improvements like this are never the full story; haemophilia offers some good examples of the consequences of a physical disability which need not affect a child's learning. First, people need to know about such things, but it appears that a number of the schools Markova and her colleagues surveyed lacked information. Out of 34 which had haemophiliac children, three knew nothing until the child became ill, and 16 learnt about the condition only when the child joined the school. Not surprisingly, half of the parents investigated thought that schools were sympathetic but didn't fully understand how to handle the condition; nevertheless, most schools' only source of information was the parents. A second difficulty for these children is their frequent short absences from school because of illness. In the area investigated there was no home tuition available, so these absences meant much work was missed.

5.3 For many other disabled children, a world designed for able-bodied people means problems. Children who move around in a wheelchair often find themselves restricted by the design of buildings. Hegarty and Pocklington (1981) describes one secondary school where physically handicapped children are supported by a specialist resource centre, but in the main school many of the science laboratories and specialist classrooms are on the first floor, effectively cutting these subjects out of the curriculum for non-ambulant children. Other children do not go to ordinary schools at all simply because they are usually not designed for disabled children. (But, as we shall see below, physically handicapped children frequently go to special schools for reasons other than their physical impairment.)

5.4 Another non-educational problem with educational consequences is incontinence. Children with spina bifida and many children with some forms of cerebral palsy are incontinent and so need regular access to properly designed toilet facilities, and may need help with toileting. It is not just the medical problem as such that affects a child's education but also people's attitudes towards it. Elizabeth Anderson (1973) describes one child's early experiences. This boy was born with spina bifida that resulted in paralysis of the lower limbs and double incontinence.

> Until John was almost nine years old, the educational provision arranged for him can only be described as patchy and makeshift. The first possibility discussed was that of placement as a weekly boarder at a PH school, but as the school was unwilling to take incontinent pupils and his parents were opposed to special schooling a decision was deferred until John was five years old . . . When he was nearly six, John was admitted to another local school for afternoons only. Unfortunately the class teacher was exceptionally unsympathetic: she complained the child was 'smelly' and did nothing to include him in the afternoon's activities and after two weeks told his mother, 'his fortnight is up and he must go'.
>
> (Anderson, 1973, pp. 55–6)

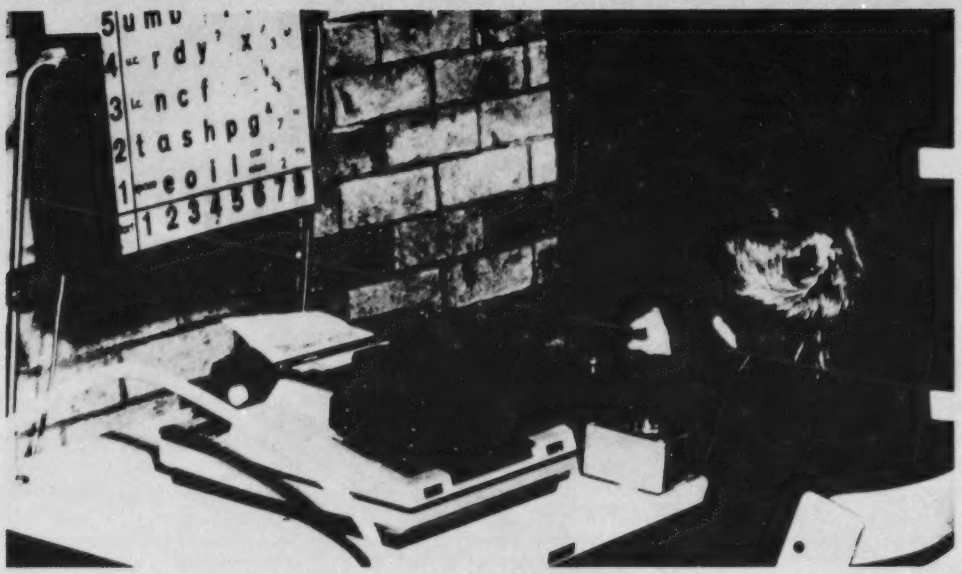
5.5 In many cases Elizabeth Anderson describes, schools' attitudes toward disabled children were affected by their lack of information about the handicapping condition, and a certain amount of pessimism about what was possible. This is shown by comparing the concerns of class teachers who took disabled children at the time of placement and one term later. Of the junior teachers investigated, 43 per cent said they were a little or considerably worried at initial placement, but one term later this was down to seven per cent. Anderson says the reasons for concern were usually:

> lack of information about what the child's physical condition would involve, in terms of daily management. There are probably a number of teachers who refuse to take PH children for this very reason, and this is particularly unfortunate in view of the fact that the proportion of worried teachers drops sharply after the child has been in the class for a few weeks, the worries which remain now tending to relate more to educational than to physical problems.
>
> (Anderson, 1973, pp. 228–9)

5.6 When teachers did get information, they generally gained it from parents if they were infants teachers, or from other teachers if they were junior school teachers. Only very rarely did schools see the medical officer who had examined the child, or anyone else, such as a physiotherapist, who was professionally 'in the know'. Most of the teachers' initial worries concentrated on two fears: that the child might be injured, and that they wouldn't be able to cope generally. As one said, 'It was my first teaching post and I was on probation. I wasn't sure generally how I'd cope, or what the reactions of the other children would be.' Information and support, then, would make a considerable difference to the effectiveness with which some disabled children could be educated in ordinary schools, as would some fairly straightforward non-educational design modifications.

5.7 But the children Elizabeth Anderson investigated were a fairly select group, not typical of physically handicapped children generally. Many physically handicapped children are also intellectually retarded or have additional disabilities. These more severely handicapped children are more likely to be placed in a special school. Within any medical condition there is a large variation in children's abilities and characteristics. Many children with spina bifida are of normal intelligence, others are mentally handicapped. Tew and Laurence (1978) found that spina bifida children in special schools had comparable IQ scores to children in ESN(M) schools, whereas those in normal schools had IQs comparable to normal able-bodied children. They also found that the children in special schools were more likely to have the associated condition, hydrocephalus, and to be more severely physically handicapped—many more were wheelchair-bound. In fact, the physical handicap alone is absolutely no guide to what a child is like, and this is true of many other conditions. Although a child with spina bifida might be intellectually handicapped, this does not mean that the condition is relevant to the curriculum a child is given, and in many cases this will be no different for any other slow-learning child who is able-bodied. A book recently written on the education of physically handicapped children by Haskell *et al.* (1977) illustrates this well. It is quite difficult to distinguish the chapters on education from those you would find in many books on remedial education.

5.8 Is there, then, any *educational* significance to a physical disability? There is, but the category 'physically handicapped' certainly carries no implications on its own. Many disabled children have considerable difficulty in conveying messages to other people because their muscles can't be controlled; there is a lot that can be done to overcome this by exploiting the muscles they can control. For example, children who cannot control their fingers enough to write can type; children who have no control over their hands and arms can type using a pointer strapped to their foreheads. Among the armoury of equipment to help disabled children (and adults) are machines that adapt typewriters, known as POSSUMS. Two of these are illustrated overleaf. The first is intended for children who are severely athetoid, who have to slap a hand onto the keyboard, then slide it along until they can hold a finger in the required hole. The other can be used by children with no use of their arms or hands. By blowing down a tube or moving a joystick, the lights advance across the panel to the required letter which is then typed. For many children rather less sophisticated technology—a tape recorder, for example—suffices to allow them to learn and communicate.



A child with cerebral palsy uses a joystick to control a POSSUM *adaptation to an electric typewriter. Symbols on the panel light up in succession until the required symbol is found, and then typed.*

An athetoid child uses a POSSUM *machine to type. The keys are below the holes in the expanded keyboard, which allows her to control her hand movements.*

5.9 For a number of children, their muscular control can be improved by specially designed exercises. These are generally provided by physiotherapists and speech therapists. Many cerebral-palsied children require regular physiotherapy simply to stop their bodies seizing up permanently, some can be helped to develop hand control to improve handwriting. Children who suffer from athetosis, a form of cerebral palsy characterized by involuntary writhing movements, often cannot control their speech muscles and so

cannot articulate words clearly. Speech therapists can provide programmes to help children with such difficulties.

5.10 However, such aids and exercises have to be tailored very carefully to individual children. Many disabled children need neither. Why then do we have an educational category called 'physically handicapped' on the basis of which a large number of educational institutions have been built? It is interesting to notice that this category and epilepsy are the only two statutory categories defined in the Handicapped Pupils and Special Schools Regulations, 1959, which contain no mention at all of the need for special methods:

> Physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

5.11 Since many children categorized as physically handicapped *are* educated in ordinary schools, the Warnock Committee's proposed abandonment of this definition makes a lot of sense. What is so interesting is that many disabled children are referred for special provision, not directly 'by reason of disease or crippling defect', but for other reasons. Barry *et al.* (1975) argued quite strongly that many physically handicapped children do not do well in ordinary schools and are better off in special schools. In support of this they provide a number of case studies of children doing poorly in normal schools. Here are two typical cases:

> Case 1 A. McC. Male, 11 years.
> *Diagnosis* Left hemiplegia due to cerebral palsy
> *Reading age* 7.3 years
> *Arithmetic age* 7.5 years
> Attended local primary school for 5 years and was classified as a slow learner. The class teacher reported that he was 'a tough little fellow, who got into a lot of trouble'. His teachers had a good understanding of his problems, but in a class of 50 pupils had little time to give extra tuition.
>
> Case 2 S. P. Male, 11 years.
> *Diagnosis* Cerebral palsy with right hemiplegia, epilepsy (*petit* and *grand mal*), obesity.
> *Reading age* 7.9 years
> *Arithmetic age* 6.4 years
> He was immature, overprotected and teased because of his disabilities. He was very unhappy at school and frequently absent.
>
> (Barry *et al.* 1975, pp. 181–2).

5.12 These two children are failing not only because they have cerebral palsy, but because they are retarded academically and because one is being teased. A similar story is told by Cope and Anderson (1977). They describe the reasons why 26 children in ordinary classrooms in junior schools were referred to units for physically handicapped children. 13 were referred for lack of educational progress, four for behaviour problems, five because the school was physically unsuitable, and one each for lack of physiotherapy and transport, incontinence, lack of welfare help and teasing. For some of these children the solution is non-educational—providing transport or adapting buildings—for others it is educational, but the special curriculum required is not one that has to adapt to their bodies, but to their minds.

5.13 But are the limitations of ordinary schools in coping with disabled children inevitable? One way to answer this is to look at how physically handicapped children are educated in the settings likely to prove most difficult: secondary schools.

Reading You should now read 'Special provision for PH pupils at secondary level' by Cope and Anderson (Reading 3.3 in the Reader), which describes and analyses a wide range of provision. As you read it bear in mind the following questions:

(a) Which features of the three types of provision described are *necessary and inevitable* parts of that arrangement?

(b) What things affect the physically handicapped children's participation in ordinary school life?

5.14 I find it very difficult to identify anything that is a necessary and inevitable consequence of any of the arrangements Cope and Anderson describe, apart from some small points such as children having to walk farther in Type C schools. But what does happen is that the various arrangements seem to encourage and discourage certain things. For example, participation of the physically handicapped children in the ordinary school is more difficult with Type C provision because of distance, the timing of the school day and the autonomy of the two organizations. Notice, however, that one of the units described appears to have involved very little integration. As we saw in section 2, organizational arrangements cannot *determine* what happens, but they can make things more or less likely to occur.

5.15 Apart from the features I have just mentioned, a number of other factors affected the extent of integration. Most important are the children's abilities and attainments; other factors include the amount of consultation before the provision was set up, the amount of 'public relations' work done by unit teachers, the availability of remedial teaching, the age and time of year at which children moved to the school, the availability of aids and welfare assistants, the knowledge and attitudes of the school staff, where children are registered . . . in fact the child's physical disability seems to play only a relatively minor role, although it is worth pointing out that Cope and Anderson do not discuss the children in Type C provision who are severely or multiply handicapped.

5.16 Gloomy prognostications based on cases such as the two described in para. 5.11 seem unwarranted. The organization of those schools was clearly making life difficult for those children, but it was not beyond changing in order to meet their needs. In Unit 16 we shall be exploring further how these changes can be made.

Reading Now read 'Christopher: a physically handicapped child in an ordinary school' (Case study 4).

Comment (a) The good informal contact between the two schools made Christopher's integration easier.

(b) Although he is incontinent, problems have largely been overcome because of his own attitudes and the staff's flexibility.

(c) Dogsdale is quite limited in its ability to cope with disabled children. Christopher is fortunate to be ambulant.

(d) Although Dogsdale has largely assumed educational responsibility for him, they continue to see Elmtree as responsible for his medical care.

(e) The staff are unsure as to what concessions they should make, but Christopher's own participation means few are needed.

(f) The head of Dogsdale underestimates the adjustments the school has made to cope with Christopher.

Visual handicap

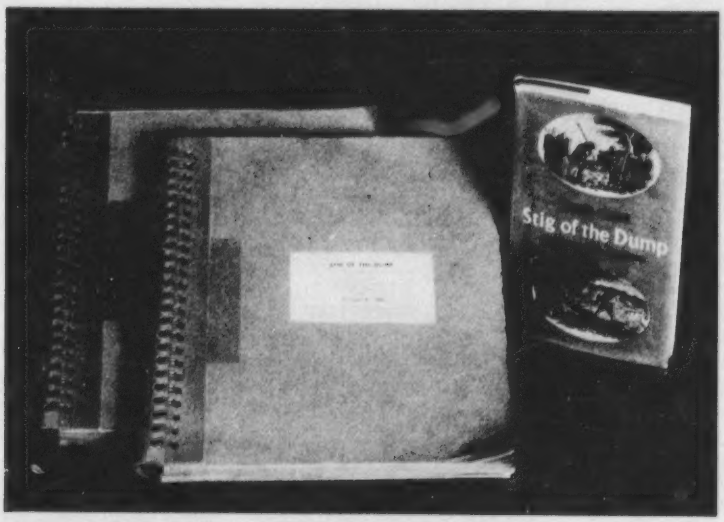
5.17 In a world where knowledge and understanding are stored and transmitted in a visual form, to be blind is to lack one of the principal means by which people participate in and construct their culture. What can be done during the school years to permit that participation?

5.18 Very few people can see nothing at all. Even those people who can distinguish no visual forms can usually sense light. Visual acuity is the main measurement of visual impairment. Long-distance acuity is measured using the familiar charts of letters, the 'Snellen Charts', and is expressed as a fraction such as '6/60'. A child with 6/60 vision can see at 6 metres what a normal person can see at 60 metres. In the UK, a person may be legally registered as blind with 3/60 vision or less in the better eye. If the visual field is also contracted, better acuities may legally constitute blindness. Similarly, in legal terminology, partial sight legally means a visual acuity of between 6/60 and 6/18. (Note, however, that the educational definitions of blindness and partial sight, given in Appendix

1 of Unit 1/2, do not refer to measured acuity.) Unfortunately acuity is not a very accurate predictor of a person's ability to read, or move about. Two people with the same acuity can function quite differently. This is partly because of other aspects of the impairment itself: the visual field may be very narrow, or distorted, but it also has to do with attitudes and the development of perceptual and motor skills. Educational strategies cannot therefore be based solely on physiological characteristics.

5.19 Children who are classified as blind, of whom there are only some 1200 in England and Wales, are nearly all in special schools, and the majority of these are residential independent schools. Almost without exception these children are taught to read braille—the most obvious feature of their special curriculum. This has been the standard tactile writing and reading system in this country since 1872; symbols are composed of patterns of dots on a grid of two vertical lines of three raised dots. Although braille is a vital part of the lives of many blind people it is not without its problems. It can be taught successfully to most blind children, but even when it has been mastered it is a slow medium. Lorimer (1978) compared the reading attainment of blind and sighted children using braille and print respectively, and found the blind children some 18 months behind the sighted children in their word recognition and comprehension, although this difference had all but disappeared with the older children; but the blind children were massively slower, reading braille at 90 words per minute at the most. The average adult braille reader can manage 100 words per minute, whereas sighted adults can read about 200–300 words. This is not to do with blind children's abilities to absorb information, but to do with the limitations of fingers: in braille each letter, or contracted word, has to be read separately, but in print we read whole words and phrases in one glance, and to a certain extent we can predict and organize information in advance, and use print around about words as a guide to the meaning of that word. You might like to think about the implications this has for the co-education of blind and sighted children. There are other, practical problems with braille as a communication medium. Not the least of these is the expense of producing braille books and their bulk. The number of titles available is limited. Specialist books in many fields do not exist. This again creates problems for schools, who have to braille their own material; most have armies of volunteers to help with this task. Raised tactile diagrams also pose a problem: these can be made with a machine called a thermoform, but it is time consuming, and requires some design skill because what is clear to the eye can be very confusing to the fingers.

5.20 Technology has made inroads into the area; the machine you came across in the case study on Helen Williams in Units 1/2, called the OPTACON, can translate ordinary



A practical problem with braille books is their size and weight.

A blind girl uses an OPTACON *to translate print into tactile stimulation which she senses with the finger-tips of her left hand.*

An OPTACON *adapted to a typewriter. The machine provides both tactile stimulation, when needed, and a greatly enlarged visual image on the panel behind the typewriter.*

print, read with a miniature electronic camera, into tactile stimuli produced by a grid of fine vibrating rods that stimulate the finger-tips. To acquire fluency as an OPTACON user takes time and careful teaching, and it has the same disadvantage of slowness as braille, but the machine is undoubtedly a great liberator for blind people. The main reason it has not been taken up rapidly in this country is its cost—about £2000 in 1980.

5.21 There are many other special features of the curriculum for blind children. Most of them are devices and gadgets designed to circumvent lack of sight. Mathematics and science cause particular problems: in mathematics a variety of abacuses have been designed to aid calculation; in science, where visual observation of events and objects is often crucial, a number of specially adapted measuring devices have been devised, and large-scale models are used.

5.22 But by no means all blind children, and few who are partially sighted, rely on touch to learn and communicate. Residual vision can be helped by adaptations and aids and children can be trained to make more use of it. Work done by Natalie Barraga in the past twenty years in the US has now shown that careful teaching can lead to some remarkable improvements in the use of residual vision (Barraga, 1976). Jamieson *et al.* (1977) report one Danish girl with a visual acuity of only 2/60 who could originally read braille but not print. After only 35 three-quarter hour lessons she was able to read print as well as braille. Remarkable though this is, it is very much the same process as that which sighted people often go through in learning to discriminate new things. Most people, on first using a microscope, don't know how to look at things: it takes practice to develop such perceptual skills.

5.23 Another way in which visually impaired children can be helped to better near vision is through the use of low vision aids (LVAs). Ordinary lenses worn by most short-sighted people are limited in their correcting power, but LVAs, which are either devices mounted onto ordinary spectacles or are hand-held, can magnify print to an extent where it becomes visible. One consequence of more powerful magnification is that it reduces the visual field to only one or two letters, which again means that reading is much slower. The effect of the development of LVAs and residual vision training has been to permit all but the most severely visually impaired to learn to read print.

5.24 A number of other adaptations of teaching style, equipment and design are possible to make learning easier for visually impaired children. Lighting is important and has to be carefully designed to avoid reflective glare from a page of print. Desk lids that tilt up are frequently needed to prevent children working in an uncomfortable posture. Things as common as typewriters and cassette recorders for writing and note-taking can make a great difference, as can the way a teacher talks to a class: a visually impaired child isn't helped by being told to 'go over there' if he isn't clear where 'there' is!

5.25 This small group of children, then, do need a number of adaptations to the normal curriculum if they are to succeed. Sometimes they need to be taught different skills, or to be allowed more time to accomplish a task, or they need specially designed buildings and equipment. Most blind and partially sighted children currently receive this specialized education in separate special schools. Excluding the many children who are also handicapped in other ways, in 1978 only one blind child out of 1120 and 135 partially sighted children out of 2367 attended designated special classes in ordinary schools (DES, 1980b). In fact the DES statistics don't show the number of individually integrated partially sighted children, which is much greater—some 700 in 1974. Could more children be educated in ordinary schools? In Denmark most visually impaired children are already in ordinary schools. Hanne Lindau (1975) reports that all partially sighted children with visual acuities of 6/18 down to 6/60 are in ordinary schools as are 50 per cent of braille-reading blind children. They are not unsupported, however. Each county has a full-time counsellor for the visually handicapped who advises teachers and children and organizes the supply of aids, and Denmark's two special schools for blind children serve important functions of training ordinary school teachers, running summer holiday courses for integrated children and permitting short periods of extra assistance for some children. Hanne Lindau is conclusive about the success of this system: 'We have learnt that a visual handicap, no matter how severe, can be compensated through materials, educational support . . . cooperation between the persons involved, so that the child can be taught in a local school where he belongs and live as normal a life as possible.'

5.26 Monik[illegible]ieson, Malcolm Parlett and Keith Pocklington (1977) have described a number of [illegible]ration schemes in this country and studied many of their successes and problems. [illegible]ey describe individually integrated children with support from peripatetic advisory teachers, children in units attached to ordinary schools, and collaborative schemes between special and ordinary schools. Braille-reading blind children are involved in some of these schemes. At Tapton Mount School in Sheffield, a residential special school for blind children, some secondary-aged children attend a local comprehensive and live at the hostel attached to the special school. They are supported by two 'resource teachers' on the staff at Tapton Mount who run a small resource centre in the comprehensive school. These two teachers spend a lot of time organizing and making special materials and braille books. The scheme is highly selective: only those children with high intellectual attainments, who are emotionally stable and fully mobile are

chosen. In fact, ex-pupils of the scheme think that social maturity is more important than academic ability: 'they have got to have the will to mix and get independent . . . they don't want to have a chip on their shoulders . . . or feel sorry for themselves'.

5.27 Another scheme involved a day school for partially sighted children, Joseph Clarke School, and a local comprehensive in the ILEA. This is interesting because of some of the difficulties the schools encountered. The special school provided materials and resources but was loathe to impose any changes on the comprehensive: 'It's not the teachers' responsibility for ensuring that our kids speak up and assert themselves . . . That's what our kids are there for.' Curiously, the staff of the special school were also critical of the lack of attention to and enthusiasm for the scheme in the comprehensive, but the comprehensive's staff in turn thought that the special school 'doesn't make enough demands. He (the head) feels we're doing him a favour.' Rather more contact between the two bodies of staff might well have overcome this 'he thinks I think he thinks . . .' problem. Possibly as a result, the partially sighted children tended to get put in the lower ability groups for many subjects because they were found to be slow. In fact, Richard Lansdown (1975) has shown that the *only* significant educational difference between partially sighted and normal children is the rate at which they can work; he found the partially sighted children were neither less intelligent nor behind in reading or spelling.

Reading Now read 'Debbie: a curriculum for a partially sighted girl' (Case study 36).

Comment (a) Debbie's visual impairment is not a good indicator of her functional abilities. Her own attitudes are very important, and she is fighting to avoid becoming part of the 'blind world'.

(b) For her, integration is a route to academic achievement, and she is prepared to tolerate a lot in order to get on.

(c) Both her special school teacher and her English teacher at Dufton have devoted a lot of effort to helping her, but minor problems such as transport are having a major effect.

(d) Despite the special school's attempts to dovetail its curriculum with the comprehensive, separate education causes difficulties of curriculum transfer for Debbie.

(e) Debbie's curriculum has been arrived at through a long process of negotiation among a lot of people, with Debbie herself having a major say.

(f) Although Debbie's education is shared between the two schools, responsibility for her remains at the special school.

Activity 4 Concentrate here on the first of the four themes. For physically and visually handicapped children, what does a special curriculum consist of?

Comment These two groups demonstrably need a special curriculum consisting variously of special helpers such as care assistants and physiotherapists, special building design and materials, special methods of reading, extra time, specialized teaching aids. But it is also easy to fall into the trap of assuming that a physical handicap constitutes the educational problem. Often this is not the case. Many physically handicapped children are for various reasons also slow learners.

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6 *General issues*

Reading I want now to compare the curriculum and organization of two institutions for severely mentally handicapped children. One is a unit attached to an ordinary infants school, the other is a separate special school. If any group of children can claim the need for a special curriculum, this group has perhaps the most powerful case. As you read the two studies bear in mind the following questions:

(a) In what way do they differ from your experience of ordinary schools? In other words, what is special about the education they provide?

(b) To what extent does their *location* as a unit and separate school help or hinder the children's education?

(c) In what ways do they resemble each other, and in what ways do they differ?

Now read 'The curriculum at Coates School for ESN(s) children' (Case Study 43), and 'Crofton Infants School: a unit for ESN(s) children' (Case study 44).

Comment (a) Apart from educating children who are not normally found in ordinary schools, these two places differ in many ways from ordinary settings. Both of them have a very favourable staff–pupil ratio, which allows them to gear their teaching much more closely to individual children. Both places provide things normal schools need not offer, such as basic health care and toileting, and some other features of the curriculum are quite specialized, such as the teaching of self-help skills and language. On the other hand, a lot of the curriculum is similar to the curriculum of ordinary infant and junior schools—in the preparation for and the teaching of reading and number. What is different are the ages of the children taught. In both places children spend less time being taught than in most normal schools; the teachers expect the children to work hard only in the mornings.

(b) Children's immediate moods and interests are very much taken into account. The teachers are much more prepared to be guided by the children in what they do in the classroom.

(c) The range of age and ability at Coates School is very great indeed, considerably greater than at the Crofton unit. This range is a major problem in devising a school curriculum and means that individual teaching is often essential.

(d) Individual teachers have much more control over their curriculum than they would in ordinary schools. Although the head of Coates School has written curriculum guidelines, the staff do not always follow them, and staff even within one unit tend to adopt different approaches. This leads to a lot of variation *within* the school.

(e) Children have farther to travel to and from school, and they come in special transport. The distance from home to school creates some difficulties in liaising with parents.

(f) In most resources the unit and school are equally well off. Coates School children have on-site physiotherapy and speech therapy, but in fact children in the Crofton unit do not need the former. The unit has full access to the main school's facilities, putting it on a par with Coates School.

(g) Children in the Crofton unit are taught to read much sooner than at Coates School, but otherwise the academic curriculum is very similar.

(h) The major difference is the access to normal children in the main school classrooms at Crofton School. Integration is done flexibly and carefully and the staff believe it is of benefit to both normal and handicapped children. The ESN(s) children do not seem to be isolated from the normal children during lessons.

(i) The success of the integration scheme at Crofton School is due to many factors: the age and ability of the children; the flexible arrangements; a clear specification of the criteria for selecting children; the attitudes of the reception teachers and the close liaison with the unit; the small numbers involved; the minor adaptations of the curriculum possible in the relatively free and easy atmosphere of a reception class in the afternoon.

(k) You might like to consider now how many of the characteristics of the Crofton unit could be preserved if the age and ability range of the children were extended. Could a comparable set-up function successfully in a junior or secondary school? How easily

could the children at Coates School receive the education they currently receive as part of an ordinary school?

Activity 5 It is time to try to pull together all the material in Part 1. I'd like you to summarize the four themes now, on the basis of what you have read here and your own reading and experience. You can expect this activity to take you a good hour. After you have done this, read my own views of each of these themes.

Differences between normal and special curricula

6.1 Not all children categorized formally or informally as handicapped need a special curriculum nor do many actually get one. This is an important distinction: some groups of children, such as the severely mentally handicapped, may well need a special curriculum, but much of what they get at the moment is special only in the sense that it is taught to older children than those receiving the same curriculum in a normal school. Conversely, some children may get a special curriculum without actually needing it: such is the case with a lot of diagnostic prescriptive teaching for slow-learning children.

Resources

6.2 The majority of children who receive special education are cast-offs from normal education, either because they are not learning the right things at the right speed or because they cause teachers worry and trouble. For them a special curriculum may mean no more than the additional allocation of resources which allows for a better teacher–pupil ratio, which means more time can be devoted to each individual. But a special curriculum can also mean *less* resources: fewer specialist teachers, less advisory support, poorer equipment and materials.

6.3 Other children need a great deal of extra resource in order to overcome physical limitations. Some of this is human resource, in the form of physiotherapists and speech therapists specially trained in the treatment of physical disability. Material resources are also needed, whether in the form of aids and gadgets like the Optacon, or a brailling machine, or in the form of building design, such as the provision of ramps and lifts.

6.4 A third kind of special resource is the existence of special institutions. How far are special resources tied to special institutions? Many people fear that as children are moved into ordinary schools, so the opportunities to cut back special resources will be ruthlessly exploited. I think this is in part a problem of accountability, and I shall return to it when I deal with the fourth theme. It seems to me that the first group of resources are tied to special institutions only in the sense that it costs more to move them into ordinary institutions, and the return on the original investment in the special institution is lost. The second group is much more difficult; the problem is also financial at heart, but it is one of resource delivery. We are not simply talking about the relocation of people and buildings, but the problem of spreading assets over a wider area. One reason for special schools for physically and sensorily handicapped children is that expensive facilities can be shared and so effectively used. Human resources are also effectively used when concentrated: a physiotherapist would have to spend a lot of time travelling if her charges were all over the place, or the children would have to lose time and cost money travelling to her. These resource delivery problems are not incompatible with integrated education: the development of resource rooms and units attached to ordinary schools where children with special needs from a wide area are provided for is an attempt to overcome them. Units 10 and 16 will be exploring this kind of provision, and TV4 looks at physiotherapy for integrated physically handicapped children.

Content

6.5 Some changes in curriculum content are devised to allow children access to knowledge and activity which they are otherwise denied by their own physical limitations. Such is the case in teaching braille to the blind and sign language to the deaf. These children are intellectually normal but their senses cut them off from the environment.

Some other children have something wrong with their brains which denies them the normal progress of development. In some children, this is so extreme that large parts of their brains may be missing; in others, such as the aphasic children described in TV3, their disability is very specific, in this case in their acquisition, understanding and use of language. Such children need and in some cases get a special curriculum, but for many of them there is no certainty at all as to the kind of curriculum they should get.

6.6 But many, many more children have nothing identifiable wrong with their brains at all (although this has never stopped many people looking for something—see Unit 11), yet they don't learn as desired. The response of many people is to formalize their learning: to attempt to specify in great detail, often in behavioural terms, what it is they are to learn. This applies to much of the teaching of reading, social skills, and for severely mentally handicapped children, language and communication. In so doing, it is very easy to distort the nature of the knowledge taught. In the reading that follows, Des Power argues that this has happened to the curriculum for many groups of children with special needs.

Reading You should now read 'Principles of curriculum and methods development in special education' (Reading 6.3 in the Reader).

Comment Power's argument looks at first sight as if he is advocating the abandonment of structured teaching methods altogether. I don't think he is: he argues that many curricula are mistaken in the nature of the knowledge they are teaching. This is very close to Margaret Donaldson's argument about the problems with reading curricula, and it is something I shall take up in more depth in Unit 12. For the moment, you might like to consider what effects the implementation of Power's ideas would have on the organization of special education.

Influences on the curriculum

6.7 Children are at the receiving end of a highly complex and often confusing system of special education. What they are taught reflects where they live, which school they go to, whom they come into contact with during their educational career, which category they were placed in, what their teachers' beliefs are, what the tradition of their school is, what is currently fashionable, what their parents believe and do, what the other children are like, and somewhere in the middle of all this, what they are like. If the actual operation of a curriculum depends on so many things, how could one ever begin to decide what *ought* to influence a child's school experience, and then try to do something about it?

6.8 You shouldn't for a minute think I'm going to answer this, but I will offer a way of thinking about it. What we have at the moment is a very long way from what is called 'child-centred education'. Children receive special education; they do not determine it. Nor, in my view, should they: education involves bringing children up into a social world in which they will participate, and in doing so we decide what children *ought* to be like. We cannot avoid value judgements. Conflict in education arises when different people want different things out of it. Occasionally conflict reaches a crisis, as when parents and teachers came into direct and dramatic opposition in the celebrated William Tyndale affair. There has been no such critical incident in special education, but the conflicts and disagreements are always there, between parents' wishes and administrative imperatives, between children's interests and teachers' beliefs. Special education is a power struggle of a classic kind with parties constantly jockeying for positions in order to have a say in what goes on. Power games often end with one side dominating, but they need not. I think this is best illustrated by the case study of Debbie, the partially sighted child. What impresses me more than anything about the education Debbie receives is the willingness of all concerned to *negotiate* a solution. Debbie, her special school, her ordinary school, all have a say and all make concessions. They are not equal partners, and it's difficult to see how they could be, but at least they've been to the negotiating table and reached an agreement.

Problems for special or normal education?

6.9 For many children there is no special curriculum, yet they are in special institutions. This is a problem, and I have suggested that it has allowed some unhelpful, non-adaptive curricula to grow up in the search for something special to do. But there would be no curriculum problem had children been given an appropriate curriculum within ordinary schools in the first place. Many ordinary schools are rather bad at coping with a wide range of individual differences: about two per cent of children are removed or never reach them, about 20 per cent struggle inside them, and even more children go to school more out of duty than eagerness to learn. I have suggested two ways in which ordinary schools might change their curriculum in order to avoid the creation of an educationally marginal group. First there is evidence that the teaching methods and approaches of schools exert a significant effect on the attainments and behaviour of children, and it is within the power of schools to change so that fewer children fail academically or become troublesome. The second way is much more difficult, for it entails schools valuing children irrespective of their abilities and attainments. I have suggested that even where schools such as Bridgwater Hall try to do this, they can have only limited success while they are part of, and service, a society based on competition and the glorification of the intellect.

6.10 Some people argue that schools are such an integral part of capitalist society and its class structure that they are bound to ensure that a certain number of children fail to do well and learn instead to accept a lowly social position with equanimity. This is an exceedingly complex debate, and not one that this course can explore in depth. You might, however, look at some of E202, *Schooling and Society*, particularly Units 2–6 and 13.

Responsibility and accountability

6.11 Over the last few years there has been a lot of discussion in education about accountability. Are schools accountable for what they do, for their results, and should they be? To whom are they accountable? As I pointed out in section 2, special education was never part of this debate, but I suspect that the very existence of special schools helps ordinary schools to be accountable for most children, and to do this in a particular way—through examinations. One reason why schools and teachers keep the peace and survive is that they have a safety valve in referral for special education, whether it is within an ordinary school or to a separate institution. Referral amounts to a denial of responsibility for a child's education. Sometimes this is entirely legitimate: one cannot take responsibility for children whom one has never been trained to teach. How could ordinary primary school teachers be held responsible for profoundly deaf children if they know nothing about how to teach them? But on the other hand, referral also allows schools to avoid the development of skills and strategies which would make responsibility reasonable. As long as schools pass the buck for two per cent of their children, there will continue to be a largely unknown and isolated special system responsible to itself and always able to fall back on the children's own deficiencies when challenged.

6.12 Where integration schemes have begun, responsibility and accountability are crucial issues. Remember in Debbie's case how the ordinary school would do what it could so long as the special school took the responsibility for anything that happened. Integrated education will require a collective responsibility for handicapped children within the ordinary education system.

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Text

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Tables

Table 1 from Wilson, M. and Evans, M. (1980) *op. cit.*; *Table 2* from Galton, M. *et al.* (1980) *Inside the Primary Classroom*, Routledge and Kegan Paul; *Table 4* from Athey, L. (1973) *The Disabled Schoolchild*, Methuen.

Figures

Figure 1 from National Deaf Children's Society, 1980; *Figure 5* from Frostig, M. and Maslow, P. (1973) *Learning Problems in the Classroom: Prevention and Remediation*, Grune and Stratton; *Figure 6* from Wilson, P. (1978) in *Reading*, **12**(3), UKRA; *Figure 7* reproduced from the Ladybird book *Have A Go* by William Murray, reprinted by permission of Ladybird Books.

Illustrations

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Part 2 Referral

Prepared by Dennis Briggs for the Course Team

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Note on reading

Set reading

The set readings for this part of Unit 5/6 can be found in:

BOOTH, A. J. and STATHAM, J. (1982) *The Nature of Special Education*, London, Croom Helm/The Open University Press.

They are:

'Routes to a residential school for the deaf' (Case study 8).

'The referral process: Daniel and Harriet' (Case study 39).

Broadcasts

Radio programme 3 is useful for this part of Unit 5/6, and you can find further details in the *Broadcast Notes*.

1 *Referral and transfer*

1.1 This part of Unit 5/6 is concerned with the referral of children to special education. It first attempts to answer the question, 'How do children get into special education?' by discussing three patterns of movement: referral before compulsory school age, referral to another school, and referral to another part of the same school. I go on to show that administrative procedures and categorization of individuals divorced from consideration of their context both undermine any educational rationale for referral. Finally, I look briefly at the question of accountability in the referral of children.

How do children get into special education?

1.2 How are decisions made which categorize a child as '*requiring* special education'? Referral to special education starts with a recognition, an awareness on the part of adults—professional or parents—of a child's disability. But in a prediction about special educational needs such awareness must go beyond simple recognition. The non-reading child in a non-reading home might be said to have a disability because she cannot read. But the disability in itself does not make her handicapped. Once she leaves home and becomes a member of a school, with its emphasis on literacy, *then* she becomes handicapped. Referral begins with some sort of recognition, but it also requires an understanding of what the impairement is likely to mean in an educational institution.

1.3 Maurice Chazan and his colleagues expand this argument:

> People need help to understand the educational implications of the problems that they identify. Perhaps one should think of the process of discovery as one which continues through life, ending only when there is no longer any point in asking how disability or disturbance limit the individual's fulfilment. The essential point is that the break exists between discovery and what might be termed continual assessment. In practical terms discovery may be thought to be complete at the point where a label is placed on the child's handicap or where an equivalent descriptive or prognostic statement is made about his difficulties, but it is of great importance to recognise that this labelling is no more than an administrative convenience and an aid to communication about the child.
>
> (Chazan *et al.*, 1980)

1.4 It is also worth noting what the Warnock Report includes under the heading 'discovery':

> The discovery of handicapping conditions which nearly always involves the identification of special educational needs, may take place at one of many different stages. Severe congenital abnormalities such as spina bifida, limb deformities or Down's Syndrome are usually recognised at birth, or in the first few days or weeks of a child's life. Other disabilities, physical, sensory, or intellectual, or signs of handicapping conditions may be discovered in the early months or years of a child's life . . . The difficulties of the large majority of children who are likely to require special educational provision, however, will become apparent for the first time in school and their needs will have to be identified in that setting.
>
> (DES, 1978, para. 4.2)

The points worth stressing are that the most severe disabilities are discovered very early in a child's life whereas some physical and sensory disabilities may not be identified until the child is several months or years old. The majority of children identified as having special educational needs are detected *after* they have started school. Or, to put it another way, the identified handicap is, wholly or in part, a function of the school environment.

1.5 As I said in my introductory paragraph, I am going to look at three ways in which children are referred to special education:

(a) There are those children who are recognized as having special educational needs *before* they start school.

(b) There are those who start school in the normal way, and at some point during their mainstream education are identified as 'unsuited' to the education which is being currently provided and who would be 'more suited' to a special educational place. This recommendation will involve a formal administrative procedure involving outside professionals.

(c) There are those children who are moved within a mainstream school to a special class without reference to professionals *outside* the school.

The first two are recognized *formal* procedures. The third procedure is often very informal, a process of reallocation and exclusively internal decisions and judgements. I am going to first outline the present formal administrative procedures, which may change as a result of the 1981 Special Education Act.

The present administrative procedure

1.6 Most referrals for special education now involve the special education (SE) procedure. This procedure, introduced in Scotland in 1971 and in England and Wales in 1975, has been widely accepted and, although not compulsory, is in general use throughout the UK. Authorities which do not use the recommended SE procedure are likely to use local modifications of the SE forms. The way in which the government intended the SE procedure to work is explained in Figure 1 of Reading 4.3 in the Reader (p. 264).

1.7 The form which sets the procedure in motion, SE1, is the responsibility of the head teacher: the sequence of referral is assumed to *start* in the school. This leaves the pre-school child to what the Warnock Report calls 'other professional hands' or, would it be fair to say, to nobody in particular.

1.8 I want to compare two contrasting views of the process. First there is a bland approval and acceptance from the administrators, as indicated by this: 'Comments received in 1977 from local education authorities indicated their general satisfaction with the new procedures and their wish to develop them further' (DES, 1978, p. 31, para. 2.73). But these views are not shared by all. The Advisory Centre for Education (ACE) published an explanatory table which hints that the SE procedure might be a convenient administrative blanket which does not ensure adequate parental involvement.

SE FORMS ASSESSMENT PROCEDURE

PROFESSIONAL COMPLETING FORM	USUAL PLACE OF ASSESSMENT	WHAT PARENTS CAN EXPECT ACCORDING TO DES*	WHAT PARENTS CAN DO
SE1 Used by the school to initiate assessment. Completed by headteacher	School	1. Notification that the head is completing the form, which means that special education is being considered as a possibility for the child. 2. They will be asked for their views and these will be recorded on the form.	1. Find out what the head's views are about the child's needs and eventual placement. 2. Discuss alternatives. 3. If possible talk to class teacher. 4. Ask for copy of SE1.
SE2 Medical assessment.	School or clinic	1. Notification of time and place of assessment with invitation to attend. 2. They will be asked for their views and these will be recorded on the form.	1. Insist on time to discuss SMO's assessment and its implications for the child's future. 2. Ask for a copy of SE2 and report and recommendations.
SE3 Assessment of learning difficulties. Completed by Educational Psychologist	School or home or office	1. Notification of time and place of assessment with invitation to attend. 2. They will be asked for their views and these will be recorded on the form.	1. Insist on time to discuss the assessment and its implications. 2. Ask for copy of SE3 and any report or recommendations.
SE4 Summary of forms 1-3. Recommendation that special education is or is not needed and if so where it should be provided. Completed by Senior Administrator experienced Ed. Psych or adviser. There are two other SE forms, one incorporating the statutory ascertainment procedure and the other for parents who are in the Forces.	Education Offices	1. Notification that the referral has reached this stage and who will complete it. 2. Notification of the result *Department of Education and Science	1. If possible send a written statement of your wishes and reasons for them *before* the form is completed. 2. Send a written request to be invited to any case conferences and to be notified of any to which you are not invited. *Ask for a copy of the form
		NOTE: *A Government White Paper published in August* — **Special Needs in Education** — *may lead to changes in the law and procedures during 1981.*	

Source: *Where*, September 1980.

Referral of pre-school children

1.9 Severe congenital abnormalities are usually recognized at birth or very soon after, but it is not always the parents who first become aware of the problems, even though they are the ones in daily and constant contact with the infant. Maurice Chazan found that, of the children he studied, 35 per cent had problems which were first recognized by the parents who then sought advice from professionals, compared with 43 per cent of the sample where parents first learned of the problem from a professional (Chazan *et al.*, 1980).

1.10 It is not always easy to identify a problem during the first weeks of life. In Chazan's sample of 82 children 'which included a high proportion of severely handicapped or disturbed children, only ten had defects or disabilities which were noticed in the first few weeks of life', and

> . . . only about three per cent of the children identified as having serious problems were said to have defects or syndromes of a type which would have been clearly apparent at birth. The justifiable reluctance to label young children may mean that this is a slight underestimate of those who were thought to have something wrong but whatever the exact proportions we can be certain that most of them did not exhibit the first signs or symptoms of their problems until some time after birth.
>
> (Chazan *et al.*, 1980).

1.11 But no matter how *early* the identification, no matter *who* is responsible for the identification, the child's special educational needs are still far from clear. Before school, the involvement of professionals may be lengthy and complex. If a disability is identified in those early years, *who* is then in a position to determine the *educational* needs of a child?

Reading Now read 'Routes to a residential school for the deaf' (Case study 8). Read only the first section, which describes Cathy (pp. 50–53).

Comment (a) Cathy did not seem to merit professional attention for a hearing defect until she was one and a half years old in spite of the medical surveillance.

(b) Although she must have been seen by a variety of professionals at the clinic and at the hospital, her hearing did not seem to receive much attention.

(c) After Cathy had otitis media at approximately three years the clinic referred her to an ear, nose and throat consultant *and* a teacher of hearing-impaired children.

(d) In spite of the professionals' judgement, Cathy's mother thought Cathy was deaf.

(e) The opinions of the educational audiologist and of the teacher of the deaf were also at variance with that of the consultant.

(f) The parents persisted in their request for further medical opinions.

1.12 Cathy's parents found it increasingly difficult to accept the evidence of the medical consultant which seemed *not* to support their early suspicions that their daughter was deaf. The more perceptive prognosis comes from the teacher of the deaf, who is concerned with the observation of Cathy either at home *or* in the special nursery unit for hearing-impaired children. The difference in approach between the consultant and the teacher of the deaf is important. The teacher, in his observations of Cathy at home and in the special nursery unit, had more opportunity to discover the relationship between the apparent *disability* and the potential *handicap* in those two settings. As a consequence, he is better placed to judge Cathy's special educational needs.

1.13 Eventually it was decided that Cathy should be placed in a residential school. This was a major decision. To what extent do you think that the 'residential' recommendation occurred because Cathy's parents seemed to be uncooperative? It may be that they were not co-operative because they lacked confidence in the ability of the professionals to diagnose Cathy's condition. Perhaps the decision to send Cathy to a residential school might have been avoided if *all* the adults involved had worked in harmony from the beginning.

Reading Now read the second part of Case Study 8, describing Susie Dixon (pp. 53–6).

Comment (a) Because of the perceptions of the health visitor Susie was seen by an audiologist at seven months.

(b) Continuous surveillance by the social services department resulted in comprehensive support for Susie. From 11 months, she was supplied with hearing aids; before she was three she was taken into care, and at three and a half she was being monitored in a partially hearing unit at a nursery school.

1.14 Is this a good example of a team of professionals discovering a disability in the early months of a child's life? Or is the early identification of Susie's deafness by the health visitor an *incidental* discovery which emerged as a result of a wide-ranging and frequent surveillance of a household which was clearly getting atypical attention from the social services department? Does the example of Susie and her family justify the use of an at-risk register as a basis for pre-school referral? In their concern for appropriate and early treatment for Susie's deafness, was the separation of Susie an inevitable decision for the referral team? How might it have been avoided?

1.15 Both case studies show how both girls *started* their education in special schools. You may wish to consider why it was that none of the adults involved appears to have seriously proposed that either or both of the two young girls should, when they reached the age of five, go to their local infant school.

Referral from mainstream education

1.16 Special educational needs may become apparent *after* a child starts school for a variety of reasons. The child may have entered school with a disability which has not been previously acknowledged. This is dramatically illustrated in Grace Woods's study of the referral of children to regional child assessment centres. She provides evidence that children placed in a special school for one reason were subsequently found to have another and possibly equally serious disability:

> A large, but possibly diminishing, source of referrals came from doctors examining children in *routine medical inspections* [my italics] at special schools of all types: schools for ESN(M), ESN(S), for the visually, hearing and physically handicapped, for children with language and speech disorders and with psychiatric problems. These children were referred as they had never had full medical investigations, and additional handicaps in the form of vision, hearing and movement disorders, limb function and language delays, had never been assessed . . . It is hoped that in future, if not before, through the SE procedure, children going to special schools will have been fully medically investigated before school placement. There are handicapped children in special schools throughout the country who have never had a full clinical investigation and quite serious defects such as visual and hearing defects have gone unnoticed.
>
> (Woods, 1979)

1.17 This is a disturbing picture. Since the children who are judged early on to be in need of special education have had more than average attention from the professionals—medical and educational—it suggests that many children who arrive at five years of age in ordinary schools may present a variety of impairments previously unsuspected.

1.18 But it may be the case that the responsible adults, the parents, the teachers, the doctors, do know of the child's disabilities, but that they are not sure whether they will prove to be a *handicap* until the child starts school. At that point, the child's teachers' awareness and sensitivity are paramount. But awareness of disabilities can easily lead to the temptation to categorize and to make educational predictions based on categories.

> . . . special education has meant to many people a separate system of labelled children in labelled schools. Children were considered handicapped if they could not be educated in ordinary schools. They could be placed in categories that implied the form of special education they should receive, and the schools or classes designated for those categories would deal with one category of handicap and no other. It was a tidy and manageable view of special education . . .
>
> (Fish, 1979)

Reading Now read the first part of Case study 39, 'The referral process: Daniel and Harriet' (pp. 280–87).

Comment (a) The onset of Daniel's disability was dramatic and obvious. The concern in this school was with the conflicting predictions of the professionals as evidenced by the SE reports.

(b) The SE2 recommendation is a 'tidy and manageable' decision. Daniel is physically handicapped. There is a local school for the physically handicapped, therefore . . .

(c) Contrast this with the SE3 comments, those of the educational psychologist, who assesses not only Daniel but also his middle school and the interaction between Daniel and the school.

(d) The argument for allowing Daniel to stay in mainstream education is convincing enough for the remainder of his middle schooling. But Daniel has only one more year to go in that present school.

(e) But though it would have been easy to decide to send Daniel to a special school, given the limitations of Deanside Comprehensive, the willingness of Daniel's parents to accept a special school place, and that the rest of Daniel's year were leaving, it was resisted. The earlier tidy administrative solution proposed in the SE2 was not acceptable to the educational psychologist.

1.19 We can see the perspectives of different professionals operating in the SE procedure. The case of Daniel illustrates conflicts among them. The educational psychologist had negotiated with at least three head teachers on Daniel's behalf. To what extent do you think Daniel's eventual transfer was the result of her negotiating skills and persistence? The case study does not make it clear if the fourth head teacher (the head of the physically handicapped school) was included in the discussions. Are there any clues in the case study to suggest that this head may not have been fully involved in the discussions?

1.20 Referral is usually from mainstream education to a special school, or from a normal class to the remedial class. But this is misleading: why should it always be a one-way movement?

Reading Now read the second part of Case study 39, the story of Harriet (pp. 287–99).

Comment (a) There is no reason at all why a referral should not be concerned with a possible transfer from special school to mainstream. Harriet is a good example of this.

(b) The referral seems to have been instigated by Harriet's mother and the doctors (the GP and the ophthalmic consultant). Is it fair to assume that the doctors knew more about the emotional and domestic concerns of the family, especially those of Harriet's mother, than they did about Harriet's behaviour in school? Is it implicit here that the average GP knows little about state schools, and the average consultant even less?

(c) Why was Harriet aware of the 'special' nature of her school? Who or what had made her aware?

Referral within the school

1.21 Allocation of pupils within a school to a remedial class or other provision is almost always caused by the school's organization, its ability grouping. Even those schools which would not admit to streaming would nevertheless be prepared to justify a remedial class. 'The remedials' is a phrase so widely and commonly used by teachers that the remedial class is now almost a national tradition.

1.22 You will recall that Golby and Gulliver, in the Reader article you read in Part 1, introduce their discussion by stressing the uncertainty of the meaning of 'remedial education'. They draw particular attention to the range of organization of remedial provision. My main concern in discussing the remedial class, whatever it is called, is to draw attention to how children are allocated to such groups. It is important to compare referral which is concerned with transfer *within* a school with referral which leads to transfer to *another* school. Two points need to be made here. The first difference is in

the range of people involved. In referrals which involve the SE procedure, the opinions of many people are sought. The final decision on placement is reached after there has been considerable discussion, which usually *includes the parents*. The decision to allocate a child to the remedial class is usually done without reference to any outsiders. If you know of a remedial class can you think of many examples of parental involvement or participation in how its children were allocated to it? Caroline St John Brooks points this out in a discussion of 'problem' children: 'Schools with reputations to preserve can get rid of awkward customers, sometimes ignoring parents' and children's rights in their referral procedure. Referral to a unit *within* the school may be particularly arbitrary, since the child is still seen as being a pupil in the school' (St John Brooks, 1981).

1.23 The second point to be made about within-school allocation is that there is often an assumption that teachers alone are sufficiently well equipped in terms of expertise and understanding to recognize special educational problems, and that the school is able to meet the needs of those particular children effectively. Are teachers always well placed, by virtue of their training and their school environment, to make such educational decisions without reference beyond the school?

1.24 I would like you now to turn to the six points with which Chazan concludes his article in the Reader, 'Young children with special needs in ordinary schools' (Reading 3.1), and to consider those areas where teachers seemed adequate, and where they seemed inadequate in the identification and management of special needs. Does this accord with your experience of teacher reaction?

Distortions of educational criteria

1.25 There are important practical factors which influence or constrain referral. I have chosen two such factors which to me seem to be major distortions of any educational criteria which may justify special provision. These are

(a) the needs of the administration;

(b) the categorization and labelling of the individual in isolation from his or her setting.

The influence of administrative criteria

1.26 Underlying most of the conventional attitudes towards referral is the assumption that the child will have to move. The move may be to another classroom, to another school, another location altogether. After the first stage of referral, assessment, the second stage depends on the availability of another place for the child, which is a matter of administrative balance rather than psychological judgement. Recommendations for transfer can only become a reality if the resources are there.

1.27 I worked in a school where the top streams did at least one foreign language and the lower streams did no foreign language. The movement of children between streams was limited by this curriculum division, which was known in the staffroom as the 'French Barrier'. In practice this precluded any child who started in one of the lower streams from passing into the upper streams and vice versa. There are many similar organizational factors which inhibit the movement of children within school. In order to move two or three children into another class, two or three others have to move out and make room. This is a commonplace problem in all-age primary schools where rising fives are admitted throughout the year. The head teacher is operating an organizational see-saw. When we begin to consider transfers to other schools the dominance of available resources and administration over straightforward educational criteria becomes very clear. If you live in a neighbourhood which in recent years has seen the opening of a purpose-built special school you might, at this point, ask yourself if the numbers of referrals to special provision were *increased* in order to justify the new school places. Referral and ascertainment has to offer a reasonable match with the local authority's provision. They do not just involve the child's *needs*, but have to take account of the availability of provision and the appropriateness of that provision. The problem of finding, or of making available, the correct school place at the right time is *administrative* rather than *educational*.

1.28 What do local authorities do in the educationally and politically embarassing situation of there being more children referred to special education than there are places for them (or alternatively too many empty places in purpose-built schools)? In a study of

one authority's approach to the ascertainment of children as maladjusted and the allocation of such referred children to prescribed special provision, Woolfe (1982) gives an illuminating insight into the administrative juggling which can go on.

> Let us start at the chronological end of the process by giving an example of how an apparently insignificant procedure can assume major importance. Consider the final stages of the ascertainment process as developed in Claremond. The practice was that the Medical Officer of Health wrote to the Chief Education Officer to recommend a child for special educational treatment as maladjusted. [The procedure described here pre-dates Circular 2/75. The problem of administrative balance in between-school referrals persists.] The name should then have been submitted on a schedule to the Special Services Sub-Committee of the Education Committee for its approval. This should have been a formality as the recommendation was normally the end of a long process of inter-disciplinary co-operation and effort to help a child. But what if the professional administrators in the Education Department were presented with a situation in which they know that no suitable educational placement was available? One answer to the problem of fitting the quart of need into the pint pot of places available was to prevent the names presented by the Health Department from reaching the Education Committee involved. This was done in Claremond in two ways. Neither of these practices received publicity. The first was to classify some of the names submitted by the Health Department as not in any urgent need of special school placement. Thus there existed an unofficial internal document, a form of supplementary register. The legitimation for its existence was that psychiatrists and other Health Department officials were extravagant in their claims and that the officials in the Education Department had to represent the reality principle. Once graded in this way, such pupils had a considerably reduced chance of a special school placement. The second practice was to defer placing names before the Committee. In 1971 for example, twenty children had been recommended by the Medical Officer of Health for special placement, yet although the committee concerned sat every month except August, not one name was placed in front of it until its October meeting. During the whole of that year, 34 pupils were recommended in the officially prescribed manner, but by March of the following year only ten names had been presented to the committee. Of these ten (whom it should be remembered were the most rapidly dealt with), a gap of at least seven months had elapsed in the case of four, and a gap of least three months in all but one case. At March 1972, of the other less favoured twenty-four pupils, seventeen had been recommended for at least six months and five for at least eleven months. It should be remembered that the gap being talked about was not that between recommendation and the offer of special placement, but between the former and presentation before committee: the statutory prerequisite before placement could be attempted.
>
> Between January 1971 and February 1972 the committee in question sat thirteen times. Up to October 1971, only two names were submitted to it. Twelve names were then presented in October and another fourteen in November. The great majority of these persons were recommended for placement during or before 1970. We may presume, therefore, that the majority of 1971 recommendations were not submitted until late 1972. A side effect of this and the previous practice was that statistics declared annually by Claremond LEA to the DES were not entirely accurate, for they excluded from the list of ascertained pupils first those on the supplementary register and secondly those not yet presented before committee. In other words, ascertainment was defined in precisely that narrowly legal sense, which central government documents had attempted to discourage.
>
> The writer recognises the limitations of this data as hard research evidence. It cannot be supported by reference to publicly available documents. In addition his interpretation can be challenged. For instance, it could be argued that the optimum time to bring a name before committee was at the point negotiations for special school placement appeared to be reaching fruition. However, the response would be to argue that at the very least the observations made demonstrate the enormous power possessed by an administration to frustrate or for that matter to further the implementation of educational decisions taken by practitioners in the field of education, social work and medicine, In addition at a purely pragmatic level, there is no doubt that a large waiting list exists nationally for special school placements and in the light of this it would be surprising if local authorities did not take adaptive strategies to deal with this contingency.
>
> (Woolfe, 1982)

The influence of categorization

1.29 Labelling is both convenient and confusing. It is convenient to use the label 'maladjusted', for instance; as long as it is a formal category of special provision there must presumably be found children to occupy that provision. But there is a frightening vagueness about the meaning of maladjusted and furtiveness about its ascertainment. The convenience of labelling, in the framework of the formal and professionally accepted categories such as ESN, maladjusted, physically handicapped and so on, encourages the assessor to concentrate on the child rather than the setting.

1.30 In a discussion of the traditional role of the educational psychologist in referrals, Ann Locke (1978) argues that it is the teaching methods rather than the child which should be assessed. She suggests that educational psychologists should spend more time in trying to understand children's behaviour *within* the teaching programme. Gregory (1980) makes a similar point:

> . . . children who are a problem in school will tend to be referred to the school psychological services. They tend to deal almost exclusively with individual cases and not with the underlying trends and causes of referral that may have their roots in inadequacies within the mainstream of the education service.
>
> The result will be that the inadequacy in the mainstream of the education service will not be detected by this specialist branch within education. The inadequacy will be perpetuated . . .

But there are other adults involved in referral, and they can all—head teacher, assistant teacher, medical officer—find it easier to ignore the context. Sarason and Doris (1979), in their book *Educational Handicap, Public Policy and Social History*, say:

> The basic reason for diagnosis is to be helpful; it is not an empty exercise or ritual, but a process society sanctions for the welfare of people. Therefore, when the diagnostic process explicitly or implicitly focusses on the individual in the social drama—*that* individual becomes figure and the others become background—it unwittingly but inevitably restricts the degree of help the individual may require, at the same time that it restricts the help the others may need even more drastically.

1.31 Another problem is the apparent *permanence* of labelling. If Daniel had in fact been transferred to a school for the physically handicapped at 13, it is likely that he would have remained there until the end of his school life. At least Harriet had the advantage that her case would be reviewed after she had had time to settle and adjust to her new school and to the new demands upon her. Not only has she changed school, but Harriet herself will change as she approaches adolescence, as will her parents, her teachers, and other children around her—her whole social setting.

1.32 The four-point system of assessment proposed in the Warnock Report takes account of features such as the wide range of influence and the dangers of decisions made over a short time scale, hence the recommendation for long-term evaluation as part of an assessment and a subsequent referral decision. The four Warnock requirements are paraphrased below. As you read this summary, bear in mind the case studies you have read, those of Cathie, Susie, Daniel and Harriet.

> *Parental involvement*
> No assessment of a child's needs can be complete without the information which the parents can supply and no effective educational programme can be complete without their co-operation. Parents should be included in assessment procedures from the beginning.
>
> *Long-term observation in a variety of settings*
> The child should be observed over a period to see how (s)he learns and responds. Factors such as curiosity, drive, attentiveness, distractibility and *the influence of different types of surroundings* [my italics].
>
> *Thorough investigation of the disorder*
> Assessment of the child's performance which is causing concern should be thorough and include the effects of the disability *on all aspects of the child's functioning* [my italics].
>
> *Maximum involvement with the home and family*
> The child's needs must be seen as part of his family's circumstances.

Identification or discovery which leads to a referral decision should only be the first part of a steady and continuous process of evaluation. Screening in order to establish a child's needs should be done as often as possible.

(abridged from DES, 1978, p. 59, paras 4.29–32)

Referral and accountability

1.33 Finally, I want to draw attention to the criteria used by teachers in referrals, and in so doing to raise the question of professional accountability. Academic ability is obviously a factor of some importance in the case studies of Daniel and Harriet. For a long time now, identification of children with special educational needs has been virtually synonymous with the administration of standardized tests of intelligence and of attainment. Referral of children as 'ESN(M)' or 'maladjusted' highlights the way teachers assess their pupils. Studies of teachers' ratings of pupils suggest that teachers discriminate three clusters of characteristics (see Morrison and McIntyre, 1969).

(a) pupil attainment in subjects such as English and mathematics;

(b) pupil behaviour in the classroom and relationships with teachers;

(c) pupil behaviour in relationships with other pupils.

1.34 Such criteria form a familiar basis to many forms of organization within mainstream education. Even where children are not streamed by ability they are frequently banded or setted or grouped according to their responses to the acceptable norms of school performance. One of the outcomes of this continuum of ability and conformity, tidily but inevitably, is the 'remedials'.

1.35 In Daniel's case the educational psychologist seemed to have been influenced by 'Daniel's proven educational ability'. Remember Daniel's description as 'well above average intelligence' and with a high score on an intelligence test. In contrast, Harriet, apart from her visual impairment '. . . is slow to learn and does not respond well to any demanding learning situation'. Her intelligence test score was low. In the case of these two children, there are two distinct dimensions of ability/disability being considered. The first dimension is the physical condition of the child: will the child be able to cope with the school building, and can the school cope if she soils herself? The second dimension is the child's 'progress' in school, a euphemism for ability to achieve in those areas which the school judges to be significant. There is an important difference between these two dimensions. The first is a matter of architecture, of organization and facilities. These matters are distant from teachers. The second dimension is a *direct function* of teaching as such and is a measure of the child's response to the school and its staff.

1.36 The decision about Daniel's referral seemed to focus on *physical* qualities: on Daniel's ability to participate fully and on how the school's ability to provide the requisite curriculum is affected by the *physical* constraints of the building. Daniel's social and emotional needs, no doubt discussed and considered, were not the fundamental part of the referral. It is not easy to make balanced, objective statements about the social and emotional needs of children, or to establish what sort of criteria you might judge these needs on. The physical qualities of pupils and buildings offer a tangible base for a referral decision.

1.37 Now take the case of Harriet. Even without her visual impairment, she would be a low achiever. So on the one hand we can define and describe some of her special educational needs quite clearly. These would include always allowing her to sit near the front of her classroom, special equipment, adequate and perhaps special lighting controls and a general awareness from all members of staff of Harriet's physical limitations. These can be defined and explained, without ambiguity. But she is also described as an 'immature girl', has 'limited reasoning ability', 'learns slowly', 'finds it hard to retain knowledge'. These statements are drawn from her interaction with school teachers and school teaching and, as statements about her special educational needs, they are considerably less precise. It is difficult to specify what, for example, 'learns slowly' means, or, more importantly perhaps, what to do about it.

1.38 It is tempting to use lack of achievement, school failure or non-conformity as a justification for referral for special education. If this were simply a process concerned with diagnosis then it would be a matter for educational approval. But referral on the grounds of low achievement or unacceptable behaviour can become a process whose objectives are to pass on nuisances and misfits, failures and deviants. If pupil behaviour is a function of the system, there is something illogical about a referral procedure which transfers the pupil to another building instead of assessing the environment in which the child is failing or responding unacceptably.

1.39 And what about the individual child? The cases of Daniel and of Harriet highlight another dilemma—how to best satisfy the child's wishes. Daniel, for instance, '... probably favours PH school placement as a way of avoiding the social difficulties which he has in adjusting to being wheelchair bound. In fact knows nothing of PH schools and could miss—or lose—the friendship of local children...' Consider Harriet again: '... is unaware of the environmental and social demands which might be made on her' when she becomes a member of a 'normal' school environment. The children need information first about the options which are being considered, and should be able to say what they feel are their educational needs, special or otherwise.

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The course

This text forms part of an Open University course, E241 *Special Needs in Education*. The complete list of units in the course appears below.

Unit 1/2 Special biographies	Unit 10 National perspectives
Unit 3 Family views	Unit 11 Biology and handicap
Unit 4 Education for adult life?	Unit 12 Psychology and special education
Unit 5/6 A special curriculum?	Unit 13 Handicap is social
Unit 7 The professionals	Unit 14 Eradicating handicap
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